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Exceptional Children

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Outdoor Education in a School for the Blind 266
CHARLES BUELL

Non-Language Intelligence and Language Achievement Among Deaf Children 267
GEORGE LAVOS

Students Discuss Stuttering at a Faculty Meeting 270
MYFANWY E. CHAPMAN

Rejecting Parents? 273
JAMES J. GALLAGHER

On the Semantics of Provisions for Gifted Children 277
MIRIAM L. GOLDBERG

A Nucleus Vocabulary for Use in Building Oral Language Skills of the Cerebral Palsied Child 280
MERLIN J. MECHAM
DIXIE JONES

The South's Regional Approach to Training Special Education Personnel.. 285
WINFRED L. GODWIN

Summer Courses in Special Education 288

ICEC BULLETIN

HERE AND THERE

WITHIN THE FAMILY

OUT OF THE CLASSROOM
Teaching Shut-Ins by Telephone 299
ARTHUR S. HILL

CURRENT LITERATURE

DATES TO REMEMBER

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Exceptional Children

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Outdoor education

in a school for the blind

CHARLES BUELL

THE outdoor education program is no longer limited to summer camp experiences or boy and girl scout activities. These activities have been such valuable educational experiences that more and more public schools are providing camping experiences as part of the curriculum during the regular school year. Perhaps the first residential school for the blind to conduct an outdoor education program is in Oregon. The first program, last spring, proved so successful that it is expected to be a regular part of the curriculum from now on. The writer obtained this information on a visit to the Salem school.

Some of the values or purposes of outdoor education are: (1) physical fitness; (2) recreation and out-of-door living; (3) character building; (4) citizenship training in such programs as conservation; (5) work experience; and (6) learning to work together on such projects as camp service. Today less emphasis is placed on athletics and more attention is given to hiking, fishing, conservation, cooking out, recreational aquatics, and nature work.

Another feature of most outdoor education programs is the great freedom allowed campers in planning and executing the program. Class-like schedules have given way to group planning in terms of particular interests. Thus, camping becomes self-expression. Of course, competent counselors step in where needed. It should be pointed out that more can be accomplished in a comparatively short period of time under good conditions than results from a much longer, broken-up training period under less appealing circumstances, such as one might find in some classrooms.

The Oregon School for the Blind used the YMCA Camp Silver. The cost was 25 cents per night per person and utilities. There were four teachers to take care of 23 students from grades five-to-nine. These students spent all week at the camp while the third and fourth grades made all-day visits twice during the week.

Through the aid of the State Forestry Department much emphasis was placed on conservation and nature work. One of the features of the camp was the evening program where rangers lectured and answered questions. One of the camp service projects undertaken by the boys was the building of a useful dam. They also built a water wheel.

Of course, there was some of the regular routine of camp life. One of the experiences for the boys and girls was to keep their living quarters neat and clean. In one way or another, they all took part in preparing meals and cleaning up afterward. Some of these meals were cook-outs.

In a program of this type a lot of preparation takes place in the classroom before the children get to the camp. After camp is over, the experience is evaluated in the classroom. This is a very important part of the program.

There is little doubt that a program of outdoor education can be of much value to a school for the blind. Of course, it must be handled intelligently. Administrators, physical educators, and science teachers will do well to look into the possibilities of this program for your school.

• **CHARLES BUELL** is at the School for the Blind, 3001 Derby Street, Berkeley, California.

Non-language intelligence and language achievement among DEAF CHILDREN

GEORGE LAVOS

INHERENT in the use of non-language intelligence tests in the educational guidance of the deaf is the assumption that such tests function in a way comparable to the role they fulfill in the adjustment of hearing children. Few studies are available in the professional literature relating educational achievement to the results of non-language intelligence testing among the deaf.

The purpose of this study is to analyze the relationship between intelligence quotients on a non-language type of test (the Pintner Test of General Ability, Non-language Series, Intermediate Battery, Form K) and language achievement among the deaf (as measured by the Clarke School Language Test, Form A).

Methodology

The subjects of the study were pupils in a residential school for the deaf. A critical aspect in selecting them was the fact that they must have learned language artificially through the use of special techniques developed to overcome the handicap of deafness. Eighty-seven pupils were selected on the bases of (a) having a severe loss of hearing, (b) age of onset of deafness being prior to the establishment of language, and (c) having learned language principles by the use of special techniques. These pupils ranged in age from 12-6 to 19-6, numbering 44 boys and 43 girls. Overall school achievement on the Stanford Achievement Test at the time the Clarke test was administered ranged from 3.0 to 11+ grade equivalent.

The Pintner test is administered to 12-and-13-year olds as a part of the regular school routine. The special instructions and norms for administering the test to the deaf were used throughout and testing was done in small groups of five or six pupils. The Clarke test, given periodically as a part of the educational achievement testing, is a measure of the deaf child's ability to recognize the typical way of using phrases and expressions in which deaf pupils characteristically make mistakes. The items in the test are proportional to the type and frequency of errors in spontaneously written material of profoundly deaf pupils. The scores are presented in terms of percentiles for age groups 10 through 19 arranged by one-year intervals. Inasmuch as the Pintner test was given when the pupils were 12 or 13 years old—and the Clarke test periodically, the interval between the administrations of the two varied from three months to six years.

The statistical technique used was the Pearson product-moment coefficient of correlation between the intelligence quotients on the Pintner and the percentile rank for age on the Clarke. Because the quotients were obtained by the deviational method and were not ratios and because the percentiles were by age groups, coefficients with age partialed out were not used. In preliminary checking, the coefficients between age and quotient and between age and percentile were virtually zero.

• **GEORGE LAVOS** is administrative aid, Michigan School for the Deaf, Flint.

Results and Discussion

The correlation coefficient for the total group between results on the intelligence and on the language test was .41. For the boys, the coefficient was .45; for the girls, .51. For those between 12-6 and 15-6 at the time of taking the first form of the Clarke test, the coefficient was .43; for those between 15-7 and 19-6, .39. All coefficients were reliably greater than a zero coefficient. The differences between the pairs for sex and for age were not statistically reliable, however.

Coefficients of .40 and greater are considered substantial according to statistical standards (6, p. 342). With the exception of the coefficient for the 15-7 to 19-6 year-old group which was .39, all obtained coefficients were greater than .40. The correlations between the Pintner and the Clarke tests were reliable and substantial enough to indicate a definite relationship between the two.

An interesting sidelight in the results was the finding that 27 pupils with quotients ranging upward to 115 had limited mastery of language as measured by the Clarke test, whereas of those scoring above the 60th percentile on the Clarke test only two pupils had quotients below 90. The finding that there were pupils on all levels of intelligence, who were weak in language mastery was reiterated in other studies (2 and 3).

There are only a few studies in the educational psychology of the deaf that are related to the present study. In a pioneering investigation in 1930, Brown found no relation between the reading portion of the Stanford achievement test and the Arthur performance scale as well as none between reading and the Pintner non-language test, a forerunner of the test used in the present study (5). He did find, however, a coefficient of .45 between combined scores of arithmetic computation and reasoning and the Pintner non-language test and one of .37 between the combined scores and the Arthur.

To a partial extent Albright corroborated Brown's data (1). Between the scores on a reading test and mental ages on the Ontario school ability examination, she did not find a statistically verified relationship. On the other hand, she did find that mental age correlated significantly, the actual coefficient being .42, among children in the higher grades with average standing on the Stanford achievement test although chronological age was not partialed out. Lane found evidences of a general trend of a positive relation between eventual school achievement and performance intelligence test quotients (7). No child with a quotient above 110 failed to complete the eighth grade and no child with a quotient below 110 was able to graduate from college. She concluded with the statement that "performance tests . . . furnish an index of the possibilities of the deaf child" in school accomplishment. In another report, she showed that deaf children with quotients on performance tests ranging from 120 to 139 have higher results on a standardized educational achievement test over a period of several years, than those with quotients in the 70 to 89 range. The difference between the two groups was heightened after the fifth grade level (8).

Levine and Iscoe obtained a reliable coefficient of .42 between the Metropolitan achievement test and the total battery of the Raven progressive matrices (10). In a discussion of the possible relations between non-language intelligence and academic growth in deaf children, Brill cited a reliable coefficient of .63 for 44 pupils between educational quotients based on the Stanford achievement test and average quotients obtained from two administrations of the Chicago non-verbal examination (4). He indicated too that every pupil above the mean in intelligence was also above the mean in educational quotient.

Pugh reported data which have a related bearing on the present topic (11). Using a language test of intelligence, the Otis, with deaf pupils (which is in essence an evaluation of reading ability combined with language intelligence—when such a test is used with the deaf), and several "drawing-on-paper" and performance tests of intelligence, she reported correlation coefficients of a relatively low order but statistically reliable. The coefficients between the Otis and the Pintner-Paterson and the Arthur performance tests were .21 and .29 respectively while those between the Otis and the Chicago non-verbal examination and the Pintner non-language (the same scale used by Brown), both "drawing-on-paper" tests, were slightly higher, .32 and .43 respectively.

There are several immediate factors which limit a general conclusion from these studies. The data were obtained from groups whose composition is based on different selective factors; for example, one school may discharge pupils below a certain

level of intelligence while another may not. With the exception of Pugh's study, subjects were limited to one or another school for the deaf, the representativeness of that school being an unknown factor. The interval between testing intelligence and achievement possibly varied considerably or not at all; in the present study the interval ranged from a few months to several years, and the correlation was higher among the younger pupils (shorter interval) than the older (longer interval). The relation between "drawing-on-paper" intelligence or performance intelligence and achievement in different school subjects probably is not the same; one subject area, such as arithmetic computation, may be more closely related than another. Different intelligence tests may not function uniformly in their relations to a given subject-matter area. Sex differences in test performance may play a role; in the present study the correlation coefficient was higher for girls than boys. In the different studies cited some statistical controls are lacking which are currently used to control accuracy.

Beyond the immediate factors outlined above, which may attenuate the intelligence-achievement relationship, are others. Implicit in the study of the relationship is the thought that the relationship itself should be as close among the deaf as it is among the hearing, if weaknesses in the non-verbal tests could be overcome. In the education of the deaf methods of teaching, curriculum content and sequence, recognition of individual differences at all levels, communication skills, motivation, personality integration, and other factors may play a more dominant role in learning than they do with hearing. There may be a critical level in intelligence above which the listed factors and others play the leading role. And again the thought advanced in the preceding sentence may hold true for only a certain period of the child's schooling after which intelligence may again be a significant factor. Even the thought that the level of intelligence is controlled to some extent by the symbolic or linguistic level reached by the child must be subsumed at this point reversing the usual thinking that intelligence determines achievement level (9, p. 194). Studies of the relationship more strictly controlled and more systematically carried out, are in order.

For the time being, a tentative conclusion may be that there is a positive relation between intelligence and school achievement. In statistical terms the relationship is considered somewhat substantial although it does not exceed 10 percent better than chance efficiency in forecasting from one to the other. Only one study reported a coefficient of correlation with a higher degree of efficiency—that of 20 percent. Comparing the efficiency of the performance and the "drawing-on-paper" tests, the latter seem somewhat more closely related to educational achievement duplicating the order of relationship among the hearing between such tests and tests of verbal intelligence.

As a summary thought, the logical distinction of necessary and sufficient conditions may be applied here. Intelligence tests used with the deaf may measure skills in deaf children which are necessary for their educational growth but insufficient in themselves to control such growth in any major way. Educational content, compensatory communication skills, and personality adjustment may be the controlling factors (9, p. 192).

Summary

The Pintner General Ability Test, Intermediate Non-Language Series, and the Clarke School Language Test were given to 87 pupils in a residential school for the deaf. These pupils were selected because their hearing losses were profound and dated from a time prior to the establishment of natural language. They ranged in age from 12-6 to 19-6. They were evenly divided as to sex. The Clarke test was given periodically as a part of a school-wide achievement testing program, while the Pintner had been given from three months-to-six years earlier.

The correlation coefficient between a "drawing-on-paper" non-language intelligence test and a scale designed to measure recognition of the typical versus the "deaf" way of expressing ideas was .41. The data were dichotomized on the bases of sex and age. The coefficient was highest for girls (.51) and lowest for older children (.39). All coefficients were statistically reliably greater than a zero coefficient; the differences between the pairs of the dichotomized groups were not reliable.

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(Continued on page 295)

STUDENTS DISCUSS *Stuttering* AT A FACULTY MEETING

MYFANWY E. CHAPMAN

PARENTS, teachers, and speech clinicians are frequently confronted with the problem of how to be of greatest assistance to the one who stutters. The student wishes to know what he can do to help himself. Our approach to this problem has been, what we call, an objective approach. We seek to bring out into the open that which some of us have tried to hide as something of which to be ashamed. In this approach, those in the environment of the one who stutters, need to speak a common language. This necessitates an explanation of the terminology we use in our work. It means that we all need to evaluate our thinking about this thing commonly called "stuttering." And, in some cases, it indicates a marked need for re-evaluation on the part of the one who stutters and on the part of those in the home, school, and community.

Group Therapy

Much of the work we do in our public school speech correction classes is group therapy. This again, requires the help, not only of the group in the speech classroom, but of teachers, parents, classmates, and others. One of our goals in this therapy is to broaden experiences, by going outside of the clinic or classroom to meet others, and test ability to talk about this problem. Another goal is to educate others to an appreciation and understanding of what we are attempting.

How can we take people along with us in our thinking? We have so many busy people every place we go. How can we cover the ground to the best advantage of all concerned?

• **MYFANWY E. CHAPMAN** is speech clinician for the Minneapolis public schools, supervising clinician for speech pathology majors at the University of Minnesota, and sub-committee chairman for publicity for ICEC's convention in Minneapolis this month.

A group of high school students, who stutter, felt that one way this could be done, and be helpful both to themselves and their teachers, would be to discuss "stuttering" at one of the faculty meetings. Here they could explain terminology, attitude, make suggestions, and answer questions. Arrangements were made with the principal for such a meeting to be conducted in the form of an unrehearsed panel with the speech clinician as chairman. Thinking that this panel discussion may help you in understanding our thinking, we invite you to read a recording of the panel discussion. The panel opened as follows:

"A number of you have asked questions about stuttering. A group of my friends are here today to give you first hand information on the subject. They do not promise not to stutter. They may even show you some real good stuttering. Each member of the group will introduce himself."

During introductions some of the participants faked severe blocks and reactions, and others handled their blocks.

"There are perhaps as many ideas about stuttering as there are people practicing in the field of speech pathology. Would you give a brief resume of some of these ideas, Arthur?"

Stuttering Theories

"There are four main theories. One being that stuttering is inherited from one generation to the next. Another is that the person who stutters had some emotional or physical shock, such as falling out of a tree, or, being frightened by an animal. A third theory is that in learning to speak you have many non-fluencies in your speech. When these non-fluencies appeared, your parents or others perhaps began to correct you with such remarks as, "do it again," "stop and think," "take a deep breath." The person, who is corrected, then be-

comes very conscious of these non-fluencies and tries to avoid them and stuttering becomes noticeable. A fourth theory is that normal left or right sidedness is interfered with, causing the person to stutter because the native side loses control of the speech mechanism."

"Can you explain a little about the term "non-fluency," which Arthur used, John?"

"Non-fluency is a type of speech where a person perhaps hesitates, injects extra words such as "ah," prolongs sounds or has some other break in the rhythm of speech. There are ordinary non-fluencies which everyone seems to have to a degree and those which seem to lead to stuttering if the person becomes too conscious of them."

"Can you tell us in a little more detail, Tom, about how stuttering seems to grow?"

"Stuttering seems to start when the person becomes conscious of non-fluencies and attempts to avoid them. Perhaps he has trouble saying his name. He begins to push. This doesn't work so perhaps he swings his foot or hand or resorts to other contortions. All of these reactions grow into a speech pattern and are known as avoidances or distractions. They perhaps serve a purpose for a time but soon become habits and he still has blocks in his speech and also these extra avoidances."

"I should like to ask you a question, Tom. There were a number of blocks in your speech as you were talking and you seemed to be trying to do something about them. Will you tell us what you were trying to do?"

Methods and Observations

"I was trying a method, I call 'dyna flow' or 'loose contact,' that is, I tried to keep sound moving all the time and go right into the word without stopping and pushing, but I had trouble several times on the second syllable of the word."

"Since you have been studying your speech, Arthur, you have discovered some things about it. Will you tell us how you made these discoveries?"

"Well, before you can do anything about your speech you have to study your speech pattern by observing yourself in the mirror to see what you are doing when you speak. Then you also make a recording of your speech and play it back. You then hear exactly how it sounds. In other words, before you can get rid of some of the blocks and avoidances in your speech, you have to know when you are having them and what you are doing about them."

"Have you always been able to talk as freely about your stuttering as you are doing today, John?"

"No, I haven't. Before I went to speech class, I thought that 'stuttering' was a bad word. But now I talk freely about it whenever I have a chance. But some days I have my troubles."

"We often use the word objective attitude here in speech class. Can you tell me what we mean by this, John?"

"An objective attitude is one a person has who is able to openly discuss his problem, advertise his difficulty, and apply himself to the work of overcoming it."

"Tom, will you explain what we mean by the term 'faking'?"

"Well, to overcome our speech problem we feel that by doing some of the things on purpose, which we have been unconsciously doing, we will bring them up to a conscious level and have more control over the situation. In other words, we work to have control over our speech instead of our speech having control over us. We learn how to handle blocks but every so often we fake our old reactions to keep us mindful of the old pattern. If we keep reminded of how it used to be, we can keep these old habits from creeping back into our speech pattern."

"Another word we frequently use is 'cancel.' Will you explain this, John?"

"After I have a tough time on a word and don't handle it properly, I go back over the word after a brief pause. I try it a second time to see if I can do it better."

"Have you been doing a good job of cancelling today, Tom?"

"Not too good on cancelling. I felt it would take too much time and perhaps my listeners would have a hard time in following my ideas."

"Arthur, will you explain the term 'eye-openers'?"

"A member of the group will become the center of attention. The group members tell this person what they like and what they do not like about him. This is all done in a very objective fashion so that no one is hurt in the process. It is intended to help the person know what personality traits and

habits to work upon to become a more acceptable individual."

"Involved in this are nicknames. Are any of you willing to tell yours?"

"Mine is 'Jelly Fish' because I haven't wanted to go out and do things. I always hold back."

"'Hot Pig' is the name they gave me because I make a snout like a pig when I block and I'm also hot-headed when I lose in a game."

"'Double or Nothing' is mine because I repeat words and phrases."

"In the years that I've been working with my stuttering friends, I have had many nicknames. My present name is 'Sweet 16' because I'm sensitive about getting old. Will you tell the group why we have such names, Tom?"

"These nicknames help us wear down our sensitivities and serve to remind us to work to overcome some of our anxieties and habits."

"You spoke about learning to stutter in an easier way, Tom, and you also used the term dyna flow. Can you tell us about other ways of stuttering in an easier way?"

"I've practiced quick forcing and releasing, also bouncing the first sound of the word lah-lah like this. Sometimes I have prolonged the first sound in an effortless way."

"It isn't often we have a chance to tell our teachers what to do. Will you take this opportunity to give advice to your teachers regarding helping the person who stutters?"

The Stutterer in the Classroom

"I think a teacher in a classroom should treat the stutterer as he would any other student. I would, however, have a conference with him first before I called on him to make long recitations to see if he is ready for this sort of thing."

"I agree with John, but I think the student should ask for an appointment with the teacher and talk over his problem with her. If he has an objective attitude, he will want to recite in spite of stuttering. I also think he should be encouraged to take such classes as public speaking so that he will have added opportunities to talk in public."

"I enrolled for world history and was really afraid to recite for fear I'd stutter. You suggested that I tell my instructor about my stuttering, so I did. She was very nice about it and said she'd call on me more instead of less, to help me overcome my fear."

"I think, Gary, she appreciated the fact that you told her about your problem. That helped her, too."

"I've always thought I had a good attitude but since I've taken this work in speech class, I've had my ideas changed a lot toward stuttering. Now I talk and don't feel so ready to cry if things go wrong. I think teachers should ask me to recite in class."

"I should think one of the important things for a teacher to remember is to give the stutterer a chance and not take the words out of his mouth, that is, not supply the word with which he is struggling."

"That is one thing I think too.—Ordinary people shouldn't take words out of our mouths. And then I think teachers should not put a person who stutters too hard in a speaking situation, the first few times he speaks, because a too difficult situation will hurt him a lot more than help."

"The stutterers first problem is himself. Until he realizes that stuttering is nothing to be ashamed of, only then will he be on the road to being cured. The teacher should help him with his attitude."

"Guy used the word 'cured.' Will you react to that, Tom?"

"Stuttering has to be worked on an indefinite amount of time. It might be better if he had said 'improved' because it is hard to say when a person is 'cured.'

"Will each of you tell one situation you have tried to avoid and what you'd like to be able to do about it?"

"I like to be able to approach an individual teacher without being afraid. Groups don't bother me so much."

"My worst problem has been situations where I had to use the telephone. I'd try to call someone and I'd block severely. I've been trying to overcome this by geting more practice in using the phone."

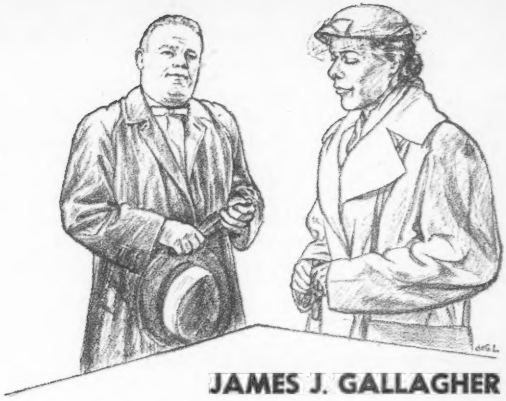
"What do you think caused this, Guy?"

"I think I first became aware that I stuttered when I was using the phone and I've been afraid of it ever since."

"In ninth grade I avoided speaking in class and reading aloud. I don't have trouble on the phone when speaking with friends but I do when I'm speaking to someone I don't know well."

(Continued on page 294)

Rejecting Parents?



JAMES J. GALLAGHER

THE statement, "These parents have rejected their child," has been one of the most standard cliches in the area of exceptional children. Although it is heard most frequently in the field of mental deficiency, it is a statement familiar to personnel in the entire area of education and training of handicapped children.

Psychologists have given much of value to the area of education and training of exceptional children, and it is not surprising to see psychological terms appear in the vocabulary of teachers, rehabilitation counselors, school psychologists, and other workers in the field. The purpose of the present article is to present an analysis of the meaning of the term *rejection* so that it might be used in its proper context and, above all, with its proper limitations.

A distraught and tense mother comes to a teacher and complains, "If I have to spend another moment with that child. I am just going to go out of my mind." Is she rejecting her child? An embarrassed father nervously tells a counselor about plans for the placement of his child in a distant institution for the good of all concerned. Is he rejecting his child? A mother in a burst of anger strikes her little girl and tells her that she does not love her any more. Is this *parental rejection?*

To put the question in a more general form, does parental rejection mean the holding or expression of negative values or attitudes toward their child? Such instances as described above often are used to bolster and exemplify such a diagnosis. Needless to say, every parent can be indicted at one time or another if expression of negative values is the only criterion for parental rejection, especially if the observer happens to catch the parent under conditions of stress. When we think of the problems that parents of normal children face and then consider the extra stress which is placed on parents of handicapped children, it is little wonder that the term used loosely could apply to almost any mother or father. What parent could be completely happy or positively oriented to a child who is quadriplegic, or blind, or severely mentally retarded, or, for that matter, completely normal in every respect?

It might be useful in considering this problem for the reader to picture in his mind the most emotionally mature individual he knows. Should we expect him or her to accept totally a child with these handicaps and accompanying problems with merely a calm smile or philosophical shrug of the shoulders? The *I-like-to-suffer-because-it-makes-me-feel-so-good-and-noble philosophy* occurs quite frequently in soap operas, but fortunately does not turn up too often in real life situations. Parents are entitled to a little negative outpouring without having their human response labelled as something psychologically revolting.

What actually is the definition of parental rejection? It is the persistent and unrelieved holding of unrealistic negative values of the child to the extent that the whole behavior of the parent to-

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wards that child is colored unrealistically by this negative tone. There are four general ways in which this rejection can be expressed.

1. *Strong underexpectations of achievement:* The child in this instance is considered so useless and devoid of positive attributes that the parents don't really believe that the child is capable of any useful function at all. This situation occurs sometimes when parents are so distressed, to find that their child is intellectually inferior, that they also consider him or her incapable of useful participation in social or self-care areas where there are goals well within reach of the child. Such underexpectations are also often revealed in the child's own feelings of worthlessness, resignation to failure, and lack of motivation to achieve. In short, the child has heard for so long that he is a worthless individual that he will start to believe it himself and act as though he is worthless.

2. *Setting unrealistic goals:* Some parents seem to set extremely high and impossible goals for their child to reach as a method for justifying their negative feelings and attitudes towards the child. This enables the parents to say that the child deserves punishment and reprimand because he didn't do what he was supposed to do. These goals are often set in the area of social and emotional maturity and when the child inevitably fails, the parents unleash negative feelings upon the child with the self-justification that their lazy or careless offspring has failed them again.

3. *Escape:* This reaction may take the form of running away from the child or the placement of the child at a great distance from the parent. Fathers who desert their families under conditions of stress or trouble fit into this category. Since our society makes it more difficult for the woman in the family to desert, mothers may take the next easiest way out and attempt to remove from them the child who is the major focus of difficulty. This tendency might be manifested by sending the child to a distant school when there are comparable facilities at or around home. Strong attempts may be made by the parents to rationalize this more on the basis of their inability to care for the child even when there is definite evidence to the contrary.

4. *Reaction formation:* In some parents their negative feelings toward their child are so unacceptable to their own total picture of themselves as loving, warm, kind individuals that they tend to adopt the psychological reaction of denying their negative feelings and presenting to the world precisely the opposite attitude of the one they actually experience. Thus, instead of saying, 'I hate this child,' which does not fit into their own self-concept of loving all children, they say instead, 'I love this child.' It should be emphasized that this is not a hypocritical stand on the part of the parents. They have taken themselves in as well as their friends and neighbors and truly believe the attitude that they are presenting to the outside world. This particular reaction takes unusual forms sometimes. One interesting manifestation that the author has seen was that of a parent who insisted upon placing a tag around her child's neck, each time he went out to play, with his name, address, and telephone number on it, plus sewing similar labels in all of his clothes. She claimed that she did not want her youngster to get lost and was protecting against that eventuality. This idea might have made good sense in a crowded city but appeared rather unreasonable in the rural community where the parents resided. Further counseling with this mother revealed what was suspected—that she really had strong desires to leave or lose the child and had to protect herself against these unacceptable desires by adopting a close attitude of possessiveness and overprotection.

This dramatic type of psychological reaction has led some people to observe that the parents are playing a game with the experts that they cannot win. If the parent says, 'I don't like my child very much,' he is condemned for having the temerity of openly rejecting his child. If on the other hand he says, 'I like my handicapped child very much,' he is labelled as manifesting reaction formation. Thus, no matter which way the parents express themselves, they find that they are neatly entrapped in the net of rejection woven by the professionals.

Actually, reaction formation in an extreme form is fairly rare in occurrence and can usually be distinguished from genuine positive feelings. For example, a parent who has a healthy emotional attitude toward his child does not usually hesitate to include in his total description of the child the negative aspects of his or her behavior. The parent who is using reaction formation as a defense against negative feelings may have a difficult time saying anything uncomplimentary or admitting any degree of irritation with a child no matter how serious or reasonable the provocation. It is almost as if an admission of any negative attitude on their part would break down the defenses of the parents that have held back the pressure of negative feeling and allow the unacceptable attitudes to come pouring forth much as flood water breaks through a rent in a dam.

Perhaps one of the greatest indictments of the use of the term, *parental rejection*, is the feeling of helplessness and apathy it engenders in the professional worker dealing directly with the child. The implications behind this reaction seem to be that such a condition in the parents cannot be changed or, at best, could be changed only if the parents underwent long term psychotherapy. This

is a course of action most parents are either unwilling or unable to undertake. It is because of this reaction on the part of the professional workers that a further and very useful distinction should be made between primary rejection and secondary rejection.

Primary rejection means that the cause of the parental negative attitudes resides in the basic unchangeable nature of the child himself. For instance, we are all familiar with children who are rejected at birth because they do not turn out to be the sex desired by the parent. The father who turns his back on a baby girl because he wanted a boy reveals quite clearly that he is rejecting her on the basis of something which is not within her power to modify or change.

In primary rejection, the personality dynamics of the parent rather than the behavior of the child often determine the parent attitudes. The writer once knew a mother who rejected her mentally retarded girl to the extent of denying that the child was her own. Further investigation and counseling revealed that the mother had in her early years been burdened with deep feelings of inferiority and a sense of personal unworthiness. Although outwardly she fought against these feelings, inwardly, she half-accepted them as being true. The birth of a handicapped child seemed to be the last straw, the objective proof of her inferiority. Her reasoning took the irrational but not uncommon line that inferior children are produced by inferior parents. It followed naturally from this conclusion that she would hate the child who had revealed her true weakness, just as we dislike the people who reveal our own weaknesses.

More common than the cases above is the parent whose need for children seems to stem from a need for self-extension. Since we can't all do what we would like in our short lifetime, some of us try to make up for this lack of time by having our children choose paths of endeavor that we would have chosen—if we had been given a second chance in our own lives. Thus, a father may reject a child who does not fulfill the father's secret need to be a football star, or a business man, or a physician. Since the major difficulty of acceptance in most of these cases seems to rest in the personality of the parents, the possibility for the change in the family situation seems to lie primarily in the modification of the parental attitude, probably through professional counseling.

Secondary rejection, on the other hand, represents the expression of negative attitudes based upon unfortunate behavior manifestations of the child himself. This is different in many important ways from the above described primary rejection. Many exceptional children, as the reader knows, manifest behavioral characteristics that would be difficult for anyone to love or accept. A deaf child may hoot or honk or make other unusual or unpleasant noises, a blind child may go through unusual bodily contortions, and the brain injured child may seem to be about to run up the wall and across the ceiling. Not only are these characteristics likely to evoke negative reaction from the parents because of their basically unfavorable or unsocial nature, but also because the parents react to the frustration they feel at being unable to deal successfully with the child's problems. In these cases there is considerable hope for improvement of the attitude of the parents, since most of these characteristics can be modified through training.

One of the most instructive episodes in the writer's career came while counseling the mother of an enuretic child. This child, sensing the fact that her mother was of a fastidious nature, was venting her hostile feelings toward her mother by becoming incontinent in the most embarrassing places and times. The mother reacted so violently to this particular habit that her whole attitude and behavior toward the child was colored by her repulsion to this behavioral manifestation of emotional problems. Her reactions were so violent and so sustained that it would have been a very simple matter to label the situation as hopeless unless some major change in the personality of the mother could occur. Often the counseling sessions with the mother were one unbroken recital of the child's accidents of the past week and the grief that they caused her. Meanwhile the child who was being seen in play therapy gave up this symptom in favor of some more peer oriented aggressive tendencies. The effect of this particular change on the mother was almost magical. She quickly began reducing her criticism of the child, began finding positive features in her daughter that had evidently been long hidden from her,

and looked at her entire family situation more objectively.

In another instance a mother and father were both ready to give up their brain injured child and send him anywhere, they were so frustrated with their own inability to control the child's behavior. The child, in this case, was given a mild sedative which seemed to cut his general activity level, and the parents were counseled in effective methods of controlling and modifying the child's behavior. A definite change in the attitude of the parents was seen when they perceived that they were having some success, until now it would be a rash individual who would suggest to these parents that they should send their child away from home. Many other examples could be cited of how the atmosphere of a family has been changed for the better as a result of reducing some particularly obnoxious habit of the child. When the pressure of immediate problems is lifted, the parents are then able to release themselves from their own charged emotionality and to take a more objective, calm, and useful approach to the child's other problems and difficulties. It is the writer's firm opinion that cases of secondary rejection far exceed the cases of primary rejection, and serious danger is done to the education program of many children by the erroneous conclusion that since the parents have revealed strong negative attitudes, nothing much can be expected from them in the way of cooperation.

It would be most convenient if parental attitudes in any case in question could be identified as either primary or secondary rejection. Frankly, the writer knows of no such easy yardstick. The case of the enuretic girl mentioned, might just as easily be represented as primary rejection by other parents, and the symptom of enuresis could be used as a convenient outlet for the parents to express their basically negative feelings toward the child. The only way in this circumstance to determine the true parental attitude is to modify the obnoxious behavior. If the parents continue their unrelieved negative attitudes after the central behavior problems have been eliminated or reduced, then one would be justified in saying that they have revealed primary rejection feelings. Generally, parents have to be seen over a considerable length of time before they will reveal their true emotional values and attitudes. One safe rule of thumb might be observed, however: *It is safer and more profitable to assume that the negative attitudes represent secondary rejection until the parents prove differently.* In this way, by giving the parents the benefit of the doubt, we can move ahead and constructively approach the child's behavior problems. If these problems can be modified or improved, then the chances seem fairly good that we will have added another pair of parents as allies and helpers in our training program for their exceptional child.

There is one more question that the reader should consider. Since we have discussed the emotional reactions of parents, it would be unfair if we left this article without also considering the role our own emotional reactions play in our professional dealings when we tend to over-use such a term as "rejecting parents." There are a number of possibilities which have occurred to the writer that might account for such over-use of this term and he would like to present them for what they are worth.

1. Some professional personnel seem to like to use technical terms such as rejection without being truly aware of their meaning. In mystery there is authority and power and the use of such terms seems to increase the professional's feeling of expertness or importance. We should hasten to point out that this is not a fault peculiar to professional people working in this field but can be observed in almost every endeavor. The physician, with his truly remarkable language of obscure terms, the lawyer with his Latin phrases, the engineer with his mathematics—all seem to use their specialized knowledge to overawe and impress on occasion.

2. Professional persons working with a child may sometimes feel uncomfortable in the presence of some parents. Thus, they might sometimes use such a label as *parental rejection* to free themselves from the responsibility of contacting or dealing with particularly unattractive or potentially uncooperative individuals. There seems to be more of a tendency for this kind of reaction when the teacher or professional person comes from one social class and the parent from another.

(Continued on page 294)

on the semantics of

PROVISIONS FOR GIFTED CHILDREN

MIRIAM L. GOLDBERG

WORDS are a large part of the educator's stock in trade. He is constantly in a position of communicating ideas to students, to colleagues, and to the general public. To do this, he must use words which often have a life of their own, and don't convey quite the meaning their user intends. Though their dictionary meanings may remain constant, the connotations of words change from one era to another; they take on different emotional loadings under varying circumstances, often tricking their users into giving erroneous impressions, not to discover until too late that *what was heard* was not what was meant.

Each modification in standard practice, whether in education or in any other area, needs special words by which its difference from the usual procedure can be described. But too often, the words used are less adequate as descriptions of the actual modifications than they are as rallying points for proponents and opponents of the measures in question. They become color words, battle cries, emotionally loaded substitutes for the very process or practice they were intended to describe.

Such a fate has befallen the words *enrichment, segregation, homogeneous grouping,* and *acceleration*—which purport to describe provisions for gifted and talented children in our schools. Each of the words evokes in the reader an immediate value judgment—a feeling of "good" or "bad"; and it is with this predisposition that he reads the paragraphs that follow under these headings. It thus seems worthwhile to analyze the aspects of education for the gifted which these words are intended to describe.

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Enrichment—Not An Administrative Organization

Let us begin with *enrichment,* which is perhaps the most misused word in the entire lexicon of education for the gifted. *Enrichment* is most often used as a title for provisions for gifted children within the framework of the regular classroom. Thus some writers speak of *enrichment* versus *segregation,* or *enrichment* versus *acceleration.* But upon examination of the meaning of the word, we find that to "enrich" according to Webster's *New International Dictionary* means "to make rich or richer, to ornament or adorn, to increase the knowledge or capacity of: as, to enrich the mind.' Certainly, such a definition does not limit enrichment activities to the regular, randomly selected classroom; nor, for that matter, to any classroom.

Enriching experiences may well extend beyond the school building or the efforts of school personnel. In many instances, experiences that broaden the youngster's learning and enhance his understanding are provided by community agencies—museums, libraries, club groups, theaters, and movies. Certainly, such experiences are not determined by the particular class organization in which the children operate at school. In fact, the concept of enrichment is probably just as applicable to situations in which a youngster's "knowledge or capacity" are increased by giving him more difficult, higher grade work to do, as it is to learning experiences in which he is provided with greater depth of knowledge at a given grade level.

Actually, the keystone of *any* provision for gifted or talented youngsters is enrichment:—to bring greater challenge and stimulation into

their school life, to broaden and deepen their knowledge, to help crystallize their interests and enhance their love of learning; and to give them opportunities to pursue their individual bents. This must be done if education is to develop the full potential of the gifted child. Whether it is preferable to provide enrichment in classes grouped by ability, by interest, or by chance; or whether extended coverage of specified segments of knowledge is more enriching than rapid progress through various levels of difficulty in a given subject requires study. Valid decisions on these questions can be made in a school situation only when the needs of the children and the school's educational purposes, facilities and personnel are carefully assessed.

If the term *enrichment* is to have its rightful meaning as descriptive of the nature and content of instruction, it is necessary to employ some other term to describe the administrative organization which retains youngsters in randomly selected wide-range ability classes at their age-grade level. A phrase such as "usual age-grade grouping" conveys the meaning of non-selection, and of retaining youngsters at their own grade level. It is structurally comparable, and in intent antithetical to specialized grouping of various kinds, or to more rapid movement through the grades than is normal. With such a phrase to denote class organization it would be possible to speak of specific programs and practices for gifted children who find themselves in "usual age-grade groups," thus providing clues both as to structure of class and content of instruction.

Segregation—A 'Snarl' Word

Equally inappropriate, but certainly more emotionally loaded than *enrichment* is the word *segregation*. One rather prominent educator imbued with the spirit of mass education, upon hearing of another educator's concern with the education of gifted children, exclaimed, "If you segregate them, I'll kill you." Such a reaction is perhaps extreme, but the very fact that it can evoke so passionate a denunciation indicates that *segregation* is a poor choice for describing a series of administrative procedures, varied in purpose and in degree, and including many practices followed in most schools as a matter of course.

To segregate means to "set apart," to "isolate," to "cut off from others." It has a negative connotation and calls to mind the exclusion of people with whom one wants to avoid contact. It also implies a permanence, a sort of irrevocability of decisions to keep people apart. Such a connotation runs contrary to any democratic thinking.

What kind of administrative adaptation is the word *segregation* intended to describe? Applied to the education of the gifted, it describes any organization in which specific students are selected for special groups, not open to other members of the student body. It is, however, not applied to special art classes, generally attended only by talented students, to orchestra participation, usually limited to students who show instrumental ability, or to advanced courses in science or mathematics—by their very nature limited to students who have exhibited a high degree of competence in these areas.

It is doubtful whether anyone's blood pressure would rise appreciably if he were informed that a school has reading groups at the elementary level often labeled "fireflies" and "rose buds," but readily recognized by the children as high and low ability groups. Nor would educators or parents be unduly disturbed to learn that a high school provided special courses for students gifted in creative writing, or special seminars in science where outstanding students may develop individual or group research projects of an advanced order. But the same people might react with considerable visceral disturbance to the information that a school segregates gifted English or science students, or even worse, its elementary school children.

It is difficult to conceive of any grouping plan for gifted students the purpose of which is to "isolate" or "cut them off" from contact with others. Most grouping plans are intended to bring together students of relatively high ability or achievement in one or several areas in order to increase the interstimulation of students upon each other, and to facilitate enriched instructional procedures. There are, of course, other possible purposes: helping gifted students to develop more realistic self-appraisals; providing these students with greater opportunities for testing out original ideas on a group of peers capable of understanding and reacting critically to such ideas; and probably

many others. But none of these purposes strives for isolation.

Does not the phrase "special grouping" convey more accurately the intent of such administrative provisions without stigmatizing them? Under the heading of "special grouping" we could speak of "ability grouping" or "interest grouping;" we could refer to the special class in music for talented music students, or the "honor school" which groups students of high ability together for several courses. We could consider the advanced art course, into which we admit all those who have a high degree of interest, and the one of four sections in algebra which is designed to provide a broader, deeper course for the especially able mathematics students. "Special grouping" could then be used to describe various administrative adaptations which differ from "usual age-grade grouping," in the manner in which classes are organized.

Homogeneous Groupings—Obsolete!

Perhaps a word should be said about a near relative of *segregation*, but one which does not carry quite as great an emotional load—*homogeneous grouping*. By its very definition "of the same kind, made up of similar parts" the concept of homogeneity cannot appropriately be applied to situations where groups of people are involved. No two people are "of the same kind," and even where a group of individuals may appear homogeneous with respect to some characteristics, they may turn out to be extremely different with respect to others. Some special grouping arrangements attempt to decrease the range of particular abilities in a group. But no matter how hard one tries, the group will still be composed of 30 or more individuals, representing a considerable variety of interests and aptitudes as well as a range of ability in the very area for which they were grouped. In fact, the more gifted the group, the greater will be the diversity of interests, aptitudes, and creative endeavors.

Perhaps the concept of homogeneity should be reserved for the processing of such inanimate objects as bottles of milk, jars of peanut butter, and cans of paint, where the particles of the various component substances can be truly homogenized and where it is desirable to create a substance in which each particle has the precise characteristics of every other. Let us not use the term to describe the composition of groups of human beings who are, by their very nature, different individual entities, and whom we wish, through our education, to further individuate and help develop originality and creativity.

Once we agree that the words segregation and homogeneous grouping are inadequate for describing organizational modifications for gifted children, we can begin to view various kinds of groupings as means of facilitating the provision of enhanced educational experiences for gifted children. For some purposes, and for some children, we may find that age-grade grouping provides the optimum setting for rich, stimulating, instruction. Under other circumstances, we may find ability grouping more effective. In still other situations, grouping by interest or motivation may be most productive. Which form of grouping or subgrouping lends itself best to providing maximum enrichment under various circumstances, and to what extent youngsters should be placed in special groups throughout their school careers needs investigation through research and experimentation in schools.

Once we restore *enrichment* to its rightful place as descriptive of educational content, and relegate segregation and homogeneous grouping to the status of obsolete, we will have come a long way, bringing some order into our present semantic chaos. But we have yet to consider the word *acceleration*.

Acceleration has neither the high voltage of *segregation* nor is it as consistently misapplied as *enrichment*. The first is due largely to the fact that a part of the concept of acceleration, namely, "grade skipping," has centered upon itself most of the negative feeling, and thus left the parent word somewhat freed of emotional color. That it is not too frequently misused is probably related to the fact that its educational definition" . . . movement of students through an educational program in shorter times or at younger ages than has been conventional" [1] follows closely its dictionary definition: "To move or act faster; to cause to undergo acceleration—increase of velocity." Thus

[1] Pressey, S. L. *Educational Acceleration—Appraisals and Basic Procedures.* Ohio State University, Columbus, Ohio, 1949, p. 2.

(Continued on page 284)

A NUCLEUS VOCABULARY

for use in building oral language skills of the cerebral palsied child

MERLIN J. MECHAM
DIXIE JONES

A VERY common experience in the life of the cerebral palsied child is to express himself over and over again in order to be understood. If he has developed any language at all and if the neuromotor and neurosensory involvement resulting from his cerebral palsy condition is such that it acts to distort the 'words' being attempted, he will be continually cued for a repetition of 'what he just said' with such patter as "huh," "what did you say" and similar expressions. (7)

The 'vehicle' in which communication of thought and feeling is carried is the on-going flow of verbalization. Analysis of this flow has taken many forms, such as "specific muscle contractions, sine waves, phonemes, morphemes, syllables, words, phrases, clauses, sentences, paragraphs, letters of the alphabet, parts of speech," etc. (8, p. 85) The most common unit considered in communication is the *word*. In fact, one important measurement of the level of language development is an estimation of the extent of the vocabulary of the individual. (6, 8, p. 120)

Improving word intelligibility is one aspect of communication training—a very important one for the cerebral palsied child. Research has shown that familiar words are instrinsically more easily understood than non-familiar words. (2, 8) Words which are most frequently used tend to be familiar, short, and easy to produce. The words which are most frequently heard and spoken around the cerebral palsied child should offer him the advantage of constant practice to actually pay off in the process of communication training.

The purpose of the present article is to present what the authors feel to be an approximation of a nucleus vocabulary, that is, a vocabulary of words which appear to have the highest frequency of occurrence and familiarity value. It is felt that such a vocabulary will facilitate the communication training of the cerebral palsied individual and provide motivating success experiences in communicative behavior. This would provide an added advantage in a world which places a major emphasis on verbal behavior.

The need for improved techniques in therapy exists strongly in the area of cerebral palsied children. These children are limited not only in intelligibility but also in flexibility of extent and variety of oral language function. They seem to be more restricted in extent and variety of choice of oral expression because of the time element in their slow and labored movements. People are loath to *wait* and listen for a very long period of time in this 'fast talking world.'

In their attempt to get information across, the cerebral palsied do not use words and word-combinations which will function to get the message through in the shortest time and with the least amount of effort. As a result, this skill must be 'taught.' A nucleus or 'core' vocabulary would seem to serve this purpose for them at least during the initial stages of training.

Word-frequency lists selected from *written* materials are not necessarily representative of frequency of *spoken* vocabulary. (1, p. 6) A frequency count of spoken words in children has not yet been achieved perhaps mainly because of the difficulty of sampling and tabulating their spoken words. The greatest bug-a-boo in word

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sampling in children is the large number of unintelligible words in their speech. (8, p. 149) Frequency lists are available on the speech of adolescents and adults. (1, 10) The question presents itself as to whether the *spoken* lists of adolescents and adults and the *written* lists of children might not have within them *common* words which would come close to representing a nucleus vocabulary of spoken words for children. The authors have assumed that this approximation of the real nucleus vocabulary, although not necessarily accurate, would be better than the use of the present existing lists per se.

The words which have been selected for the present list are common to two frequency lists, that is, a list of words spoken by adolescents or adults, and a list of words most commonly found in written materials for children. Four frequency lists were used for checking. (1, 10, 9, 3) Only the first 500 words on each of these lists were considered.

The Dolch list was the only one of the four frequency lists used in which the words were classified as to parts of speech. This classification of words according to parts of speech has been followed in the present list to increase its functional value. Some words represent two parts of speech but these have been listed only once. Forms and conjugations of some words were found to be variable among the four lists. Some included such shadings as verb tense, pronoun number and person, noun number and so on. Thorndike's rules were kept in mind in compiling this word list (9) that is, different tenses of verbs were considered one word when the phonetic element of one tense appeared in another, *(look, looked;* not *see, saw)*, primary forms and adverbs formed by adding *ly* were not entered separately *(sure,* not *surely)*, comparatives and superlatives formed by adding *er, est, r,* and *st,* were considered with their relative primary words *(long, fine;* not *longer, longest, finer, finest)* and common contractions *(don't)* were included.

In using this list, it is recommended that the teacher begin with the words that are followed by four sources[1]; then teach the three's and two's, etc. The end goal of a nucleus vocabulary list is that the words be incorporated into phrases and sentences for communication.

There are, of course, limitations in respect to a nucleus vocabulary of this type. If a child learns all of the words on the list, he will be well on his way to being better understood in the speech that he uses. However, there is much needed in the way of certain concrete words, namely the nouns and verbs of his particular environment. These words change with the individual, locality, and occupation. The teacher and student can work out additional words together to supplement the list presented in this paper. This supplement will include such words as names of the child's family and names of his friends and immediate associates, his address and places he contacts, occupational terms, greetings and social small talk, names of things he uses or articles he may need to buy and so on.

NOUNS

age	t v a	figure	a t
air	a t	fire	a d t
army	a t	food	a t
		friend	v t
back	v a d t		
ball	v d	game	v d a
body	v a t	girl	v d t
boat	d a	government	v a t
book	v a t		
boy	v a d t	hand	v a d t
business	v a t	head	v a d t
		home	v a d t
car	v a d t	hour	v a t
case	v a t	house	v a d t
chance	a t		
child	v t	idea	t v a
children	v d t	interest	v a t
city	a v t		
company	v a t	kind	v a t d
condition	t v		
country	v a t	lady	v t
course	t v a	land	v a t
		letter	d t a
day	v a d t	life	a t v
dollar	t v a	light	v a t d
dress	v t	line	v a t
		man	v a d t
end	v t a	matter	v t
eye	d a t	men	v a d t
		mile	a t
family	v t	mind	v a t
fact	a t v	money	v a d t
farm	d a	month	a t
farmer	d v	morning	a d t
feet	v d a t	mother	v d t

[1] Key to abbreviation of sources for each word on the vocabulary list:
v—Voelker list of words spoken by adolescents
a—Ausherman and Black list of words spoken by college students
t—Thorndike list of 20,000 words
d—Dolch basic sight vocabulary list

name	d v a t
night	d v a t
note	a t
nothing	t v
number	a t v
office	v t
part	v t a
people	v a t
person	v a t
picture	d a v t
place	a t
plan	a t
plant	v a t
power	v a t
present	t v a
president	v t
public	v t
question	v t
reason	v a t
result	a t v
room	a t
school	d v a t
ship	a t
side	v a t
sound	v t
state	v a t
story	a t
supply	a t
system	t v a
thing	v d a t
time	d v a t
top	a d v
town	v t a
voice	t v
war	v t a
water	d v a t
way	d a t
week	a t
woman	v a t
women	t v
word	v a t
world	v a t
year	t v a

VERBS

am	v d a t
are	d v t a
ask	a d t
be	v d t a
became	a t
become	t v a
been	d a t v
began	a t
begin	a t
being	v t a
believe	v t a
bring	v d a t
brought	a t
build	a t v
buy	v d
call	v d a t
came	v d a t
can	v d a t
care	v t
carry	a t d v
cause	v t a
change	v a t
come	v d a t
consider	v a t
continue	a t
could	v d a t
cover	a t
cry	t v
cut	v a t d
did	d a t
do	v d a t
does	v d t
done	v d a t
don't	d v a t
eat	d a
fall	d a t
fight	a t
find	v d a t
feel	v a t
follow	a t
force	a t
found	v d a t
fly	d a
get	d a t v
give	v a d t
given	v a t
go	d a t v
goes	v a d
going	v a d
gone	a t
got	v d t
had	v d t a
happen	t a
has	v d t a
have	v d t a
heard	a t
hear	v t
help	v a d t
hold	d t a
hope	a t
increase	v a t
is	v d t a
keep	v d a t
know	v d a t
learn	a t
leave	v t
let	v d a t
like	v d a t
live	d a t
look	v d a t
lost	a t
made	v d a t
make	v d a t
may	v d a t
mean	v t a
might	a t v
move	a t
must	d a t v
need	t v a
open	d a t
order	t v a
pass	a t
pay	v a t
pick	d a
point	v t a
play	v d a t
produce	v a t
put	v d a t
read	v a d t
receive	t a
remember	v a t
rest	a t
run	v d a t
said	v d a t
saw	d a t
say	a t v
see	v d a t
seem	v t
seen	v a t
set	v t
shall	d v t
should	v a t
show	v d a t
sort	v t a
speak	v a t
stand	a t
start	d a t
step	v t
stop	d a t
suppose	v t a
take	v d a t
taken	v t
talk	v a t
tell	v d a t
think	v d a t
thought	v a t
told	a t
took	v a t
try	v d a t
turn	a t
use	d a t v
walk	d a t
want	v d a t
was	v d a t
went	d v a t
were	v d t a
will	v d a t
wish	v d t
work	v d a t
would	v d a t

ADVERBS

again	t d a
almost	t v a
alone	t v
always	t v a d
away	t v d a
before	a d t v
close	t a
enough	t a v
ever	t v a
here	v t d a
how	t v a d
just	t v a d
late	t a
never	a t v d
no	t d a v
not	t v d a
now	t d a v
off	a v d t
often	t v a
once	a t v d
only	t v a d
out	v d t a
perhaps	t v a
quite	t v a
rather	t v a
since	t v a
soon	t v d a
still	t v a
then	t v a d
there	d t a v
today	d a t v
together	t v a d
up	t v a d
very	t v d a
well	t v a d
when	t v a d
where	t v a
while	v t a
why	t v a d
yet	t v a

PREPOSITIONS

about	d a v t
above	t a
across	t a
after	t v a d
against	t v a
along	t v a
among	t v
around	t v a d
at	t v d a
between	t v a
by	t v d a
down	t v d a
during	t v a
for	t v d a
from	t v d a
in	t v d a
into	t d a v
near	t a
of	t v d a
on	t v d a
over	t v a d
through	t v a
to	t v d a
toward	t a
under	t v a d
upon	t v a d
with	t v d a
without	t a

CONJUNCTIONS

also	a t v
and	t v d a
as	t v d a
because	t v a d
but	t v d a
either	t v
however	t v a
if	t v a d
or	t v d a
so	t v a d
than	t a
though	t v a
thus	t v
whether	t v a

PRONOUNS

anything	t v a
everything	t v a
he	t v d a
her	t v a d
him	t v a d
his	t v d a
himself	t v a
I	t v d a
it	t v d a
its	t v d a
me	t d a v
my	t v a d
our	v t d a
something	t v a
she	t v a d
that	t v d a
their	t v a d
them	t v a d
themselves	t v a
these	t v a d
they	t v d a
this	t v d a
those	t v a d
us	t d a v
we	t v d a
what	t v a d
which	t v d a
who	t v a d
you	t v d a
your	t v a d

ADJECTIVES

a	t v d a
ago	t v a
all	t v d a
American	t v
an	t v a d
another	t v a
any	t v a d
best	t v d
better	t v a d
big	t v a d
both	t v d a
different	v t a
each	t v a
even	t v a
every	t v a d
few	t v a
fine	t v
first	t v a d
five	t v d
four	t v d
good	t d a v
great	t v a
half	t v a
hard	t v a
high	v t a
hundred	t v
important	t v a
large	t v a
last	t v a
least	t v a
left	t v a
less	t v a
little	t d a v
long	t v a d
many	t v a d
more	t v a
most	t v a
much	t d v a
new	t v a d
next	t v a
old	t v a d
one	t v d a
other	t v a
own	t v a d
poor	t v
possible	t a
pretty	d a
red	t v d
right	t v a d
same	t a v
second	t v a
several	t a v
short	t v a
some	t v a d
six	v d
small	t v a
strong	t a
such	t a v
sure	t a v
the	t v a d
thousand	t v
three	d t v
true	t a v
two	t v a d
white	t v d
whole	t v a
young	t v a

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SEMANTICS OF PROVISIONS FOR GIFTED CHILDREN

(Continued from page 279)

the educational connotation of the word as well as the meaning of the word in an educational context imply the movement of students through the prescribed curriculum at an increased velocity, if you will, thus enabling them to arrive at any predetermined point earlier, or at a younger age, than is customary.

Despite the appropriateness of the term, and despite the fact that some aspects of acceleration have long and respectably been practiced in many of our schools, some people still react with discomfort, if not with outright vexation, to the word. The word conjures up visions of a sad little child, probably with horn-rimmed glasses, sitting forlorn and rejected in a class full of strapping youngsters twice his size. Or perhaps they see a boy, smooth-faced and shy, among a group of shaving, dating young men and they become irate at any school system which permits such an outrage against normal child development.

Such images, though probably based on experience, are descriptive of the exception rather than of the rule. We have a considerable body of research to indicate that, in general, bright, competent youngsters benefit from the stimulation of accelerated progress. Such benefits are apparent in their greater mastery of materials, their enhanced chance of graduating from college, and their ability to adjust adequately to the demands of college situations.

This is no place to argue the pros and cons of providing gifted youngsters with opportunities for faster than conventional movement through the grades or through courses of study. The purpose here is to indicate that unlike enrichment and segregation, *acceleration* really means what it says. Thus the problem is not one of giving it back a true meaning, as in the case of enrichment, nor of removing inaccurate verbal stigmas, as in the case of segregation; but rather one of bringing to people a better understanding of the various forms and types of acceleration now practiced or possible in schools, and to make them aware of the available research as well as of areas in which further research is sorely needed. Acceleration, as a word, is a sufficiently respectable and certainly accurate description for the various provisions of more rapid learning for rapid learners. A realization that our present curriculum, with its arbitrary grade divisions and course-credit requirements, has retarded gifted children may make it easier to recognize that under some circumstances acceleration may be a means of correcting serious retardation.

Summary

At this time the concern for educating gifted children is strong. More and more people are becoming alerted to the need for providing adequate educational opportunities for the future intellectual, technical, aesthetic, and executive leaders of our society. The issues, however, are often beclouded by strong sentiments and vague notions. It is especially important that we, who are concerned with the education of gifted children "watch our language" and discard words which over the years have taken on varieties of coloration, been misused and misapplied, and begin to say exactly what we mean. The more precise the words by which we describe what we are doing or hope to do, the greater the possibility that our actions and interests will be interpreted correctly and objectively, and that gifted youth will receive optimum consideration.

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Watch the Bulletin for
News of the Arizona Regional

The South's Regional Approach to Training Special Education Personnel

WINFRED L. GODWIN

THE South, like most sections of the United States, has had a sharp increase in public demand for special education services to exceptional children.[1] A major barrier to improved services has been lack of qualified teachers. The Southern Regional Education Board has initiated a regional approach to alleviate this critical shortage. This approach combines the interests in special education, training, and research of the board, southern state departments of education, southern colleges and universities, and other regional and national agencies. This article reports (1) on a regional study of the teacher shortage problem and (2) on progress made to date in working toward its solution on a regional basis.

The board is composed of the governors, ex officio, and three other persons appointed by them from each of the following 14 states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia. This public agency came into existence in 1949, because the rapidly expanding economy of the South had created heavy demands on colleges and universities for many types of professional personnel. The aim has been to assist these 14 states to achieve quality and economy in higher education by means of region-wide planning and action, and the avoidance of unnecessary duplication. In its initial phases, the board worked out interstate financial contracts with collegiate institutions and states having no easy access to schools of medicine, dentistry, veterinary medicine, and social work. Later it assisted colleges and universities through memoranda of agreement to plan and develop advanced education and research in such fields as forestry, marine sciences, nursing, government, foreign affairs, mental health, and others. By its sixth birthday in 1954, the board had facilitated regional cooperation in more than 20 academic fields.

Since establishment, the Southern Regional Education Board has received requests to study the region's needs for special education personnel. These requests, coming from state and local school systems, residential schools for the blind and deaf, colleges and universities, and private agencies took on added urgency with the realization that the number of exceptional children will increase currently with the tremendous general increases in school enrollments immediately ahead.

The Regional Study

In the spring of 1954, a board project staff, made up of the author of this article, Lloyd M. Dunn, George Peabody College for Teachers, and William C. Geer, supervisor of special education for the Nashville schools, began to gather needed information on the following five questions:

1. What are the present and future needs in the South for speech correctionists, for teachers of the various types of exceptional pupils, for supervisory staff in state and local school systems, and college instructional staffs?
2. What personnel are the colleges and universities of the South preparing to meet this need?
3. What is the difference between the supply of special education personnel and demand for special education personnel in the various areas?
4. What are the barriers to meeting the need for additional qualified special educators?
5. What plan of action would alleviate shortages of personnel?

[1] This article relies heavily on *Teachers for the South's Handicapped Children*, Southern Regional Education Board, 1955, prepared by Lloyd M. Dunn, William C. Geer, and Winfred L. Godwin. *Copies are available from the board, 881 Peachtree Street, N. E., Atlanta 9, Ga.*

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A series of questionnaires secured information on these questions from state departments of education, state residential schools for the deaf and blind, and accredited collegiate institutions. The fact that almost 100 percent of the questionnaires were returned was one indication of the concern with which educators view the need for a more adequate supply of qualified teachers of exceptional children. The board then appointed a commission of nationally-recognized educators to consider the findings of the project staff and to propose a plan of regional action. These procedures, findings, and plans of action are summarized below.

Findings of the Study

A. The Need for Special Educators

1. About 10 percent of all school aged children in the South—about 900,000—are handicapped; this number will increase to 1,250,000 by 1960.
2. Less than 15 percent of these pupils are enrolled in special day or residential facilities. The region reported 3,691 special educators in 1953-54, or one-seventh the estimated number needed.
3. In addition to need for additional teachers in each of the areas of exceptionality, the South eventually will need more than 600 supervisors of special education in local school systems. In 1953-54, only 44 full-time and 43 part-time supervisors were employed.
4. Southern state departments of education, which now employ only 36 persons in special education, need additional experienced personnel with advanced preparation in special education.

B. Special Education Programs in Southern Colleges and Universities

1. Fifty-five Southern institutions offer 110 curricula to prepare teachers of exceptional children: 45 in speech correction, 21 in mental retardation, 15 in audiology, 12 in the field of the crippled, 10 in deaf, and seven in hard of hearing. There are no programs in the areas of blind and partially seeing.
2. In 1954-55, 944 students enrolled in those programs, half in speech correction, with another fourth in courses for teaching the mentally retarded. Much smaller numbers were enrolled in audiology and in programs for teachers of the deaf. Many of those in the teacher training programs for the education of deaf children are already teachers in residential schools.
3. The number of degrees granted in 1953-54 followed the same pattern: 198 degrees of the 316 granted were in speech correction and 54 in mental retardation. The majority of enrollments and degrees are undergraduate, except in the area of the mentally retarded, where more of the students are working for master's degrees. Only 64 of the 944 students majoring in special education are doctoral candidates, and 40 of these are in speech correction. The programs evidently are not turning out sufficient advanced graduates for either college and university teaching, and research jobs in the various areas of specialization, or for state and local supervisory and administrative positions. The South must either develop advanced graduate programs or secure such personnel by drawing on other geographic areas of the United States.
4. These collegiate training programs are inadequately staffed. The 55 institutions employed in the fall of 1954, a total of 170 staff members to offer 89 complete, partial, or beginning programs. Only 59 of these 170 were on full-time appointments, giving full-time to special education. These figures are, to say the least, disconcerting, especially since most of the programs were reported as complete curricula. The depth and extent of offerings must be immediately questioned.

C. Supply versus Need

The findings appear to warrant the following conclusions:

1. Existing programs in the South for training teachers of exceptional children are not adequate to meet the regional need in any of the areas of special education.
2. Existing training programs are not producing enough persons with advanced graduate training to staff university teaching and research positions and to fill es-

sential administrative and supervisory jobs in state and local school systems.

3. Recruitment of more college students into special education curricula is basic to any substantial increase in the numbers of teachers of exceptional children. Yet in most instances, existing programs should increase the size of their faculties to care for already unfavorable teacher-student ratios.

A Recommended Action Program

Having reviewed the findings briefly presented above, the Southern Regional Education Board's *Commission on Training Teachers of Exceptional Children* made the following recommendations:

1. That each state develop within its own boundaries one or more quality programs for training speech correctionists and teachers of the crippled, hard of hearing, and mentally retarded, since the annual need for special education personnel in these areas is great in every Southern state.
2. That the Southern Regional Education Board assist in establishing at least one program in the South for training teachers of the blind and at least one program for training teachers of the partially seeing.
3. That the Southern Regional Education Board assist in the establishment and support of three or four regional programs for preparing teachers of the deaf.
4. That the Southern Regional Education Board assist in the establishment in the region of one or more special education programs at the doctoral level for preparation of college instructional and research staff, special education directors, and supervisors for state and local school systems.
5. That the Southern Regional Education Board and the states work together to establish a *Regional Council on Special Education Personnel* to recruit teacher candidates to special education through the establishment of scholarships and other means; to foster public understanding of the educational needs of exceptional children; to provide continuous study, on a region-wide basis, of the demand for and supply of special education personnel; to share information on college curricula and facilities and community resources needed to provide quality programs; to facilitate research by institutions, agencies, organizations, and individuals; to assist in the exchange of college faculty on a temporary basis for the purpose of initiating or enriching programs of teacher education; and otherwise to foster the cause of exceptional children in the region.

Progress on the Action Program

Achieving these recommendations requires the active support of a variety of groups and interests. Over the last year the board has sought to build a follow-up process to include colleges and universities, state departments of education, and public and private agencies or organizations interested in exceptional children. The process has been concerned with (1) securing working relationships between these groups and the Southern Regional Education Board; (2) exploring sources of financial support for the recommendations; (3) initiating plans for building additional teacher-training programs and for making fuller use of existing programs; and (4) working for the establishment of the proposed regional council to continue regional development of training and research in special education.

The Southern Regional Education Board has had discussions and meetings with chief state school officers and state directors of special education, with representatives of colleges and universities which have special education programs, and with representatives of public and private agencies concerned with exceptional children. College and university representatives have defined criteria for quality regional programs to prepare teachers of the blind, deaf, and partially seeing—and for a regional program to offer the doctorate in special education. They also suggested ways in which existing programs in the areas of speech correction, mental retardation, and crippled could be strengthened and utilized most effectively for the entire region, pending development of these programs in each state. The board has translated criteria for quality regional programs into questionnaires which colleges and universities have used to assess their interest and readiness to undertake programs. New programs will therefore be located by a method involving participation of the board and many institutions.

The Southern Regional Education Board hopes to establish the Regional Council on Special Education Personnel to spearhead regional development of special education training and research along the lines of the Commission's recommendations. As an integral part of the Southern Regional Education Board, this council would function within a unique situation in which educational, professional, and political leadership have combined to deal effectively with the needs for many types of skilled personnel in the Southern third-of-the-nation. The opportunity which this presents to advancing the cause of special education is tremendous.

Summer Courses

IN SPECIAL EDUCATION

THE colleges whose courses are listed here are those whose schedules were received before publication date for April EXCEPTIONAL CHILDREN.

All courses listed deal specifically with some phase of special education. Cognate courses in psychology, testing, and the like are not included. The symbol "g" indicates that courses are given for graduate credit only. When courses can be taken for either graduate or undergraduate credit, the symbol "b" is used. Numbers indicate semester hours unless a "q" is added as a symbol for quarter hours.

Since summer sessions plans are sometimes changed later in the season, *students are advised to write to the institution for final offerings.*

ARIZONA

ARIZONA STATE COLLEGE, at Tempe: Workshop in education of the exceptional child 6g; Experience in exceptional child clinics 6g.

UNIVERSITY OF ARIZONA, Tucson: Exceptional child in the regular classroom 3b; Problems in the teaching of the mentally retarded 3b; Gifted child in the public school 3b; Observation and study of exceptional children 3g; Speech correction workshop 6.

CALIFORNIA

CLAREMONT COLLEGE, Claremont: Psychology of exceptional children 6.

FRESNO STATE COLLEGE, Fresno: Psychology and education of exceptional children 3; Workshop on education of migrant children 6; Directed teaching—mentally retarded 6; Methods in teaching lip reading 3; Curriculum and methods for teaching the mentally retarded 2; Mental deficiency 3; Methods in correction of speech defects 2; Speech pathology 2; Clinical practice in speech correction 2; Audiometry and hearing conservation 3.

LOS ANGELES STATE COLLEGE, Los Angeles: West Coast symposium on hearing 2-3g (June 18-July 6). Workshop on counseling and guidance of cerebral palsied 2b. Speech problems of cerebral palsied 3b. Workshop on education of retarded children in secondary schools 6b. Education of the gifted child 2b. Workshop in eurythmics for teachers of deaf children 1b. Survey of physical defects 2b. Methods of teaching crippled children 3b. Hearing and its measurement 3b. Aural rehabilitation 3b. Speech reading 3b. Introduction to speech therapy 3b. Speech problems in the classroom 3b. Methods of teaching retarded children-elementary 3b. Education and psychology of exceptional children 3b. Mental deficiency 3b. Art experiences for exceptional children 2b. Seminar in special education 3g. Education of brain-injured children 3b. Audiology 3b. Audiometry 3b. *To be offered on sufficient demand:* Workshops for teachers of visually handicapped children 6b. Communication skills for deaf 3b.

OCCIDENTAL COLLEGE, Los Angeles: Meeting children's special needs in the classroom 4b.

SAN DIEGO STATE COLLEGE, San Diego: Exceptional children 3b; Curriculum and methods for mentally retarded children 3b; Problems of speech correction and articulation 3b; Nervous speech disorder 3b; Mental deficiency 3b; Workshop for study of the gifted child 3b.

SAN FRANCISCO STATE COLLEGE, San Francisco: Education of exceptional children 3b; Arts and crafts in special education 2b; Counseling and guidance of the handicapped 3g; Administration and supervision of education of exceptional children 3g; Introduction to field study in education of exceptional children 3g; Field study in education of exceptional children 3g; Advanced problems in special education 1-6g; Special problems in the education of exceptional children 2-3g; Education of the gifted child 3b; Student teaching with exceptional children 1-4b; Workshop in special education 3-6b; Workshop on training and recreation programs for severely retarded children 2b; Mental deficiency 3g; Structure and function of the eye (visually handicapped) 2b; Survey of problems in education of the visually handicapped 2b; Methods in education of the partially seeing 3b; Methods and materials in education of the blind 3b; Advanced Braille 3g; Methods of teaching deaf children 6b; Advanced problems in teaching deaf children 4b; Observation, clinical methods, and clinical practice with exceptional children 1-2b; Education of the hard of hearing child 3b; Audiometry and hearing disorders 3b; Speech correction observation, clinical methods, clinical practice with exceptional children 1-2b; Student teaching with exceptional children 1-6b; Student teaching seminar in special education 2b; American phonetics 2b; Speech for the cerebral palsied 3b; Speech development and correction 3b; Advanced clinical methods and practices with exceptional children 1-6g; Advanced speech correction 3g; Observation, clinical methods, and clinical practice with orthopedically handicapped children 1-2b; Student teaching with exceptional children 4b; Methods of teaching the orthopedically handicapped including the cerebral palsied 3b; Survey of physical defects 3b; Speech for

ICEC BULLETIN

TEN ISSUES YEARLY APRIL, 1956

MINNEAPOLIS AIRVIEW

Here is a view of ICEC's 1956 convention city's residential area from the air. Our 34th annual convention meets in this city of lakes, from April 10 to 14.

This airview of three of Minneapolis' 22 lakes and lakelets within the city limits presents the Lake of the Isles in the foreground, Lake Calhoun in the center, and Lake Harriet in the background. These lakes are in the heart of the residential district of our convention city.

MEYERSON VISITS ICEC ON RETURN FROM EUROPE

Lee Meyerson, an associate editor for EXCEPTIONAL CHILDREN and the BULLETIN visited headquarters the last week in March. He just returned from Kobenhaum, Denmark, where he has been a Fulbright professor of child psychology. As of February 1, he was appointed associate professor, psychology department, University of Houston, and will be affiliated with the department of psychiatry, Baylor University College of Medicine, Houston, Texas.

While abroad, he represented ICEC as official delegate to the World Congress of the Deaf, held in Zagreb, Yugoslavia in August of 1955.

PASCH HEADS COMMITTEE TO NOMINATE HANDICAPPED PERSON OF THE YEAR

Dorothy F. Pasch, supervisor of the special education department, Toledo, Ohio public schools is the new chairman of the ICEC committee to select the handicapped person of the year.

Now is the type to think of the person you consider deserving of the President's Committee Award of Handicapped Person of the Year, for 1956.

ICEC has been requested, along with other groups, to make a nomination for this award. Candidates for this tribute should be someone of your acquaintance, who not only has mastered or compensated for a handicap, but who has made a real contribution to the cause of the handicapped. Your nomination should include name, address, a picture (if possible), and supporting information.

Send your letters to our committee chairman, Dorothy F. Pasch, 3151 Wendover Drive, Toledo, Ohio. Send your nominations to her now—the sooner the better. You might forget during vacation.

MARYLAND STATE ICEC MEETING

Maryland's ICEC state federation will hold an all-day meeting at the William S. Baer School, North and Warwick Avenues, Baltimore on Saturday, April 21. Business includes election of officers.

ICEC Welcomes New Life Member!

Felix S. Barker, director of special education for the State of North Carolina Department of Public Instruction will be presented with a life membership in ICEC on May 3. The presentation will be made in Raleigh, by the North Carolina Federation of ICEC Chapters, in recognition of services in behalf of exceptional children.

NATIONAL HEARING WEEK

May 6-12, 1956 is National Hearing Week. This will be the 28th annual event under the sponsorship of the American Hearing Society in cooperation with 111 chapters from coast to coast.

FALL REGIONAL WILL BE DIFFERENT

Thomas McIntire, program chairman, and Maxine Padberg, local arrangements chairman, are rushing plans for the fall regional in Phoenix. They are doing all possible to develop for this region of six states, a program that will be tops in professional meetings and interesting diversions.

The Arizona Society for Crippled Children, the United Cerebral Palsy Association, and many other organizations are offering their services to make the occasion a big success. The program outline is taking shape, speakers and entertainers are being committed, and tours are being planned.

Watch the BULLETIN for future announcements.

O'BRIEN PASSES ON

Word of the death of Frank J. O'Brien, former associate superintendent in charge of the Division of Child Welfare, New York City, was received by ICEC headquarters in mid-March.

Dr. O'Brien's work in improving facilities and services for exceptional children was well known. Many tributes have been paid to his pioneering activities and breadth of vision in the field. The November BULLETIN carried a review of some of the tributes paid him on his retirement in 1955.

IOWA ICEC MEETING

Davenport will host the state meeting of the Iowa ICEC organization on Saturday, April 28th.

HIRING HANDICAPPED PEOPLE

A brochure guide, *Hiring Handicapped People,* is available from the Employees Relations Division, National Association of Manufacturers, 2 East 48th St., New York 17, N. Y.

ILLINOIS MEETING TO FEATURE FRITZ REDL AS LUNCHEON SPEAKER

The Illinois Association for the Education of Exceptional Children will hold a conference on April 20-21 at Allerton Park.

Fritz Redl, director of research at the National Institute of Mental Health, Bethesda, Maryland, is luncheon speaker. His topic is "Research with the Socially and Emotionally Disturbed Child."

Welcome New ICEC Chapters!

Hillsboro, Oregon is the home of our new ICEC Chapter 268.

Escambia County, Florida joins our ranks as chapter 269.

Richmond Area Chapter, Virginia is number 271.

A warm welcome to the officers and members of these groups!

PRESIDENT'S COMMITTEE HONORS KENTUCKY PHYSICIAN

Dr. Gradie R. Rowntree, industrial physician and full-time medical director of the Fawcett-Dearing Printing Company, Louisville, Ky., received the 1955 Physician's Award of the President's Committee on Employment of the Physically Handicapped.

Presentation was made by Maj. Gen. Melvin J. Maas, in behalf of the President, at the annual meeting of the Congress on Industrial Health, at the Sheraton-Cadillac Hotel, Detroit.

Each year, a physician active in the field of industrial medicine, who has been instrumental in improving job opportunity for the physically impaired is chosen for recognition.

SCHOOL SOCIAL WORKERS

The National Association of School Social Workers joined with seven other national professional social work groups to establish the National Association of Social Workers.

Five of the groups, with membership practicing in specialized areas, will carry on their program through section organization. This makes possible greater cooperation and professional participation.

Opal Boston is chairman of the School Social Work Section, formerly known as the National Association of School Social workers. The group will continue to serve the same purposes—to develop and improve the quality of casework service in the public schools. Headquarters for this section is with the parent organization, the National Association of Social Workers, One Park Avenue, New York 16, N. Y.

INTERNATIONAL INTERESTED IN OLD CONVENTION PROGRAMS

Who has an ICEC convention program for any year 1923-46? Also for 1948 or 1949?

Would you present it to International? We are trying to complete our records.

If you do not have a program, perhaps you are in possession of other source material about these conventions. Such information would be much appreciated at headquarters. We are not interested in re-writes and later articles—only in original accounts.

ICEC NOMINATING COMMITTEE ANNOUNCES OFFICERS SLATE AT MINNEAPOLIS

Tabulations of the votes of ICEC's nominating committee result in the following names to be presented to the Delegate Assembly this month, according to Richard S. Dabney, committee chairman:

President-elect ..... Maurice H. Fouracre
Governing Board members representing
Minnesota ..... Maynard Reynolds
Oregon ..... John E. Taylor
Washington ..... Ross Hamilton

Elections will be announced next month, including governing board members from states electing their own.

Alice B. Metzner Writes . . .

The receipt of the certificate of life membership to the ICEC presented to me by the Council was a real event in my life.

Coming 10 years after my retirement as it did, made me feel that I was not forgotten by this organization. While in service, I rarely missed a meeting of the Council. I was not a charter member but joined soon after.

It was a struggle to keep things going in those early years. At a meeting in Cincinnati, the treasury was empty and several of the members contributed 25 dollars for which we were voted life memberships. However, none of us took it too seriously and continued to contribute to the needs of the organization. However, this life membership seems very real to me and I shall cherish it for the rest of my days.

CHICAGO BUILDS NEW SCHOOL

The Chicago Board of Education expects to open the Jane A. Neil School to classes in September 1956.

Jane A. Neil was a principal of the Jesse Spalding School for the Physically Handicapped, and later district superintendent in charge of schools for the crippled in Chicago. Her repute as an authority in the school housing of handicapped children brought invitations to visit and consult with others in every state of the union, and in many countries abroad.

The program at the groundbreaking ceremonies featured a speech on "The Needs of Exceptional Children," by Frances A. Mullen, assistant superintendent of schools in charge of special education.

KATHRYN C. COLTON

Word has been received of the death of Kathryn C. Colton. Known for her work as guidance clinic director of the A. Harry Moore School, Jersey City, New Jersey, she was one of the authors of *Evaluation and Education of the Cerebral Palsied Child,* an ICEC publication.

"HOW I TEACH GIFTED CHILDREN" CONTEST

The National Association for Gifted Children is sponsoring an essay contest for teachers to contribute ideas on teaching gifted children. The first prize will be a tuition free scholarship for a course on education of the gifted, to be given at a university of the winner's choice or a $100. U.S. savings bond. Contest closes May 15, 1956.

Information is available from the National Association for Gifted Children, 405 Clinton Springs, Cincinnati 17, Ohio.

MENTAL DEFICIENCY GROUP MEETS

The American Association on Mental Deficiency will hold its annual meeting in Richmond, Va., May 1-5. Headquarters will be the John Marshall Hotel.

Thomas L. McCulloch of Thiells, New York, is president-elect and convention committee chairman.

ISWC WORLD CONGRESS

The seventh world congress of the International Society for the Welfare of Cripples is planned for the summer of 1957 in London, England. This group meets every third year.

List of local chapters, state chapters, and state federations to receive charters at the Minneapolis ICEC convention:

NAME OF CHAPTER	NUMBER	PROVINCE OR STATE IN WHICH LOCATED	
LOS ANGELES COUNTY CHAPTER	130	California	(Local Chapter)
CALIFORNIA STATE FEDERATION OF ICEC	169	California	(State Federation)
PINELLAS COUNTY CHAPTER ICEC	176	California	(Local Chapter)
ORANGE COUNTY CHAPTER	188	California	(Local Chapter)
REDWOOD CHAPTER	222	California	(Local Chapter)
KINGS COUNTY CHAPTER	225	California	(Local Chapter)
WASHINGTON, D. C. CHAPTER	49	Washington, D. C.	(Local Chapter)
PALM BEACH CHAPTER	200	Florida	(Local Chapter)
PEORIA CHAPTER ICEC	79	Illinois	(Local Chapter)
NORMAL-BLOOMINGTON CHAPTER	84	Illinois	(Local Chapter)
ILL. ASSN. OF THE EDUC. OF EXCEPTIONAL CHILDREN	118	Illinois	(State Federation)
DANVILLE CHAPTER	145	Illinois	(Local Chapter)
WEST FRANKFORT CHAPTER ICEC	186	Illinois	(Local Chapter)
TERRE HAUTE CHAPTER	82	Indiana	(Local Chapter)
DAVENPORT CHAPTER	16	Iowa	(Local Chapter)
CEDAR FALLS CHAPTER ICEC	144	Iowa	(Local Chapter)
IOWA COUNCIL FOR EXCEPTIONAL CHILDREN	228	Iowa	(State Federation)
WICHITA CHAPTER	76	Kansas	(Local Chapter)
LANSING CHAPTER	27	Michigan	(Local Chapter)
KALAMAZOO CHAPTER ICEC	73	Michigan	(Local Chapter)
SAGINAW VALLEY CHAPTER ICEC	231	Michigan	(Local Chapter)
CITIZENS CHAPTER ICEC	232	Michigan	(Local Chapter)
JACKSON AREA CHAPTER	237	Mississippi	(Local Chapter)
MISSOURI FEDERATION ICEC	85	Missouri	(State Federation)
CENTRAL MISSOURI CHAPTER	85-B	Missouri	(Local Chapter)
WESTERN NORTH CAROLINA CHAPTER	249	North Carolina	(Local Chapter)
CINCINNATI CHAPTER	11	Ohio	(Local Chapter)
TOLEDO CHAPTER	46	Ohio	(Local Chapter)
TRUMBULL COUNTY CHAPTER	136	Ohio	(Local Chapter)
DAYTON CHAPTER ICEC	203	Ohio	(Local Chapter)
OKLAHOMA CHAPTER	218	Oklahoma	(State Chapter)
LANE COUNTY CHAPTER	216	Oregon	(Local Chapter)
WEST TENNESSEE CHAPTER ICEC	161	Tennessee	(Local Chapter)
TENNESSEE FEDERATION OF ICEC	242	Tennessee	(State Federation)
WINDSOR CHAPTER ICEC	125	Ontario, Canada	(Local Chapter)

the cerebral palsied 3b; Speech development and correction 3b; Cerebral palsy and its implications 3g; Conference on the partially seeing 1b.

SAN JOSE STATE COLLEGE, San Jose: Curriculum and methods for teaching mentally retarded 3bg; Education and guidance of exceptional children 3bg; Remedial speech 4bg; Advanced remedial speech 3bg; Psychology of exceptional children (mental deficiency) 3g; Student teaching in speech correction 2bg; Problems in special education 2-6g.

UNIVERSITY OF CALIFORNIA, SANTA BARBARA COLLEGE, Goleta: Remedial reading laboratory 2.

UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles: Curriculum and methods of teaching the mentally retarded child 3b; Directed teaching of the mentally retarded 4b; Education of exceptional children 3b; Research in the education of the exceptional child 2g; Methods and directed teaching the hard of hearing child 2b; Methods and directed teaching the hard of hearing adult 2b; Directed teaching—correction of speech defects 4b; Education of the preschool deaf child 6g; Curriculum and research in teaching speech to the deaf child 4g. *Department of Speech—Orthopaedic Hospital:* Workshop in speech problems in cerebral palsy.

WHITTIER COLLEGE, Whittier: Techniques in corrective reading 2b; Counseling and guidance for the handicapped 2b; Audiometry and aural rehabilitation 3b; Principles of speech correction 2b; Speech and hearing clinic 2b.

CONNECTICUT

UNIVERSITY OF CONNECTICUT, Storrs: Psychology of exceptional child 3g; Materials and methods for teaching the mentally retarded 3g; Materials and methods of teaching intellectually gifted children 3g; Techniques of diagnosis and remediation in reading 3g.

NEW HAVEN STATE TEACHERS COLLEGE—SOUTHBURY TRAINING SCHOOL: Workshop for teachers of trainable mentally handicapped.

COLORADO

COLORADO STATE COLLEGE OF EDUCATION, Greeley: Problems of teaching the physically handicapped 3qg; Care and pathology of the physically handicapped 4qb; Psychology and education of the mentally retarded child 4qb; Supervised practices with physically handicapped 6qg; Practicum with the mentally retarded 6qg; Administration and supervision of special education 4qg; Psychology of exceptional children 4qb.

UNIVERSITY OF DENVER, Denver: Education and psychology of exceptional children 3qb; Education of the mentally handicapped 2½qb; Student teaching in special education b; Workshop in special education-auditory handicapped 5qb; Arts and crafts for the handicapped child 3qb; Community resources for the exceptional child 3qb; The gifted child 2½qb; Psycho-educational therapy b; Speech pathology 10qb; Methods in speech rehabilitation 2½qb; Teaching speech and language to the deaf 5qg.

DISTRICT OF COLUMBIA

CATHOLIC UNIVERSITY OF AMERICA, Washington, D.C.: Workshop on mental health and special education b; Education of the visually handicapped institute.

GALLAUDET COLLEGE, Washington, D.C.: Teaching speech to the deaf 4g; Teaching language to the deaf 4g.

FLORIDA

FLORIDA STATE UNIVERSITY, Tallahassee: Psychology of exceptional children 3; Psychology of mentally handicapped children 3; Education of intermediate children with retarded mental development (theory) 3; Education of intermediate children with retarded mental development (practice) 3; Education of crippled children (practice) 3; Education of crippled children (theory) 3.

UNIVERSITY OF MIAMI, Coral Gables: Workshop in teaching mentally retarded 6b.

GEORGIA

EMORY UNIVERSITY and JR. LEAGUE SCHOOL FOR SPEECH CORRECTION, Atlanta: Diagnostic techniques in speech pathology and audiology 5qg; Speech and hearing problems and the classroom teacher 5qg.

UNIVERSITY OF GEORGIA, Atlanta: Introduction to exceptional children 5qb; Nature of mental retardation 5qb; Methods and materials for teaching the mentally retarded 5qb; Nature and treatment of motor handicaps 5qb; Methods of teaching the motor handicapped 5qb; Internship in teaching the mentally retarded or the motor handicapped 5qb; Phonetics 5q; Survey of speech problems 5q; Diagnosis in speech correction 5qb; Program administration and clinical practice in speech correction 5qb; Introduction to exceptional children 5qb; Introduction to evaluation of hearing loss 5qb; Workshop in guidance and vocational rehabilitation of the cerebral palsied b (sponsored jointly with United Cerebral Palsy).

ILLINOIS

ILLINOIS STATE NORMAL UNIVERSITY, Normal: Survey of special education 2; Laboratory reading methods 2; Student teaching in special classes 4; Education of mentally retarded 2; Education of partially sighted 2; Education of physically handicapped 2; Special class for the trainable 2; Braille reading and writing 2; Problems of brain injured 2g; Current methods mental retardation 3g; Psychology of the exceptional child 2; Psychology of the mental deviate 3g.

MACMURRAY COLLEGE, Jacksonville: Language development of exceptional children 2b; Practicum—mentally handicapped children (practice teaching 4g, methods and materials for teaching E.M.H. children g;) Practicum—deaf children (practice teaching, language for the deaf,

methods of teaching elementary subjects to the deaf) g; Psychological evaluation of exceptional children 3g.

SOUTHERN ILLINOIS UNIVERSITY, Carbondale: The exceptional child 4qb; Problems and characteristics of the mentally retarded 4qb; Practicum—student teaching and teaching techniques with the mentally retarded on the primary and intermediate levels 8qb.

UNIVERSITY OF ILLINOIS, Urbana: The gifted 3b; Measurement of exceptional children 3b; Problem of mental deficiency 4q; psycho-ed. and admin. problems of exceptional children 4q; Workshop on trainable 4b; Workshop on educable 4-8b.

INDIANA

BALL STATE TEACHERS COLLEGE, Muncie: Mental testing 4qb; Speech pathology I and II 4qb each; Audiometric testing 4qb; Seminar in speech 4qg; Seminar in hearing 4qg; Speech clinic I and II 4qb each; Lip reading clinic 4qb; Survey course on handicapped school children 4qb; Remedial reading 4qb; Education of slow and fast learners 4qb; Hearing conservation and pathology 4gb;

INDIANA STATE TEACHERS COLLEGE, Terre Haute: Phonetics 4q; Education of the mentally retarded 4q; Methods with the mentally retarded 4q; Psychology of exceptional children 4q; Psychophysics of sound 4q; Diagnostic and remedial reading 4q; Psychological clinic 4qg.

INDIANA UNIVERSITY, Bloomington: Speech training for teachers 3b; Practicum in speech correction and audiology II 3b; Seminar in speech pathology 3g; Survey on education of exceptional children 3b; Problems in organization, administration, and supervision of special schools and classes (mental retardation) 3b; Research in special education b; Master's thesis in special education.

PURDUE UNIVERSITY, West Lafayette: Speech and hearing therapy workshop 3b; Psychology and education of the brain injured child 2-3b.

IOWA

STATE UNIVERSITY OF IOWA, Iowa City: Education of handicapped children 2b; Education of the slow learner 2b; Laboratory practice in the education of the slow learner 2-3g; Orientation to the rehabilitation of the physically handicapped child 2-3g; Methods in the education of the physically handicapped child 3g; Laboratory practice in the education of the physically handicapped child 2-3g; Supervision of special education 3g; Education of the gifted child 2g; Laboratory practice in remedial reading 3g; Teaching of mentally retarded children 2-3b; Practice teaching mentally retarded children 2-3b; Behavior disorders of children 3g.

KANSAS

FORT HAYS KANSAS STATE COLLEGE, Hays: Psychology of exceptional children 4b; Art materials and processes (mentally retarded) 3g; Teaching the exceptional child 5g.

KANSAS STATE TEACHERS COLLEGE, Emporia: Survey of exceptional children I and II 2g each; Methods, materials, and the organization of the teaching of the mentally retarded I and II, 2g each; Reading and allied skills for slow learners 2g; Diagnosis and remedy of reading disabilities 2g; Supervised practice with the mentally retarded I and II, 3g each.

UNIVERSITY OF KANSAS, Lawrence: Administration and supervision of education of exceptional children 2g; Education of mentally handicapped children 3g; Laboratory practice in clinical problems of the educable retarded and severely retarded 2g; Special education projects 1-6g; Seminar in educational psychology and guidance (exceptional children) 1g.

WICHITA UNIVERSITY, Wichita: *Logopedics*—Development of language 3; Articulatory disorders 3; Introduction to techniques 1-3; Application of fundamental techniques 1-3; Techniques in organic conditions 1-3; The speech defective child in the public school 2; Introduction to audiometrics 3; Laboratory instrumentation 3; Introduction to the exceptional child 2; Techniques of counseling the exceptional child 2g.

MASSACHSUETTS

BOSTON UNIVERSITY, Boston: Institute on the education of the exceptional child 3g; Education of exceptional children 3; Special education in Europe 4.

EMERSON COLLEGE, Boston: Children with speech defects in the classroom 3-6b; Observation in the speech clinic 1; Practice teaching in the speech clinic 1b.

MICHIGAN

MICHIGAN STATE NORMAL COLLEGE, Ypsilanti: Education of mentally handicapped 4b; Mental deficiency 2; Orthopedics for teachers of crippled children 2g; Parent education 2g; Administration and supervision of special education 2g; Education and social control of mental deviates 2g; Measurement and diagnosis in special education 2g; Methods of teaching crippled children 2; Physical reconstruction 2; Problem child in school 2; Education of brain injured children 2; Speech correction 2; Speech science for teachers of deaf and hard of hearing 3.

WESTERN MICHIGAN COLLEGE, Kalamazoo: Mental hygiene in special education 2b; Education of exceptional children 2b; Language for the deaf 2b; Applied speech correction 3b; Speech therapy 2b.

WAYNE UNIVERSITY, Detroit: Survey on education of exceptional children 2b; Problems and methods in teaching slow-learning children 2b; Organization of special schools and classes for slow-learning children 2b; Practicum in developing curriculum material in special education 2b; Adjustment and control of the mentally handicapped 2b; Care and training of seriously re-

tarded children 2b; Problems and methods in teaching intellectually gifted children 2b; Problems of instruction with maladjusted children 2b; Speech correction 2; Phonetics 2; Clinical practice in speech correction 2b; Survey in speech pathology and audiology 2b; Convalescent, home care, and education of handicapped children 2b; Personality disorders and education of brain injured children 2b; Problems and procedures in educating the deaf and hard of hearing 2b; Methods in teaching speech reading 2b; Acoustic training for children with defective hearing 2b; Language development-older deaf child 2b; Problems and procedures in sight-saving 6b; Pathology of organs of vision 2b; Organization, administration, supervision of educational programs—handicapped and gifted 2g; Visiting teacher service 2g; Research in special education 1-2g; Research in speech correction 1-2g; Seminar in guidance for the handicapped 2g; Essay direction—special education, speech correction 2g each; Essay direction and seminar in special education 2g; Master's thesis research and direction 1-6g; Doctoral research and direction in special education 1-6g; Workshop in rehabilitating the adult deafened 2b; Vocational rehabilitation of the handicapped 2g; Practicum in vocational rehabilitation 1-2g; Rehabilitation counseling of the handicapped 2g; Essay direction in vocational rehabilitation 2g; Workshop in curriculum problems in educating the mentally handicapped 2b.

UNIVERSITY OF MINNESOTA, Minneapolis: Behavior problems 3qb; Psychology of atypical children 3qb; Observation and experimental study of children 3qg; Seminar and laboratories in school psychological services b; Reading difficulties 3qb; Diagnosis and treatment of learning difficulties 3qb; Clinical methods and practice in speech pathology 3-9qb; Clinical practice in remedial teaching 3qb; Clinical practice in educational diagnosis 3qb; Education of the slow-learning child 3qb; Introduction to school psychological services 3qb; Education of exceptional children 3qb; Hearing disorders 3qb; Clinical practices in audiology 3qb; Speech pathology 3qb; Clinical methods and practice in speech pathology 9qb; Seminar in speech pathology 3qg; Language training for the deaf 3qb; Audiology training 3qb; Methods in posture education and functional exercise 2q. *In cooperation with* AMERICAN FOUNDATION FOR THE BLIND: Educational and social implications of visual impairment 3qb; Principles and methods of teaching braille 3qb; Workshop in educational procedures and school curriculum adaptation with blind children 3qb.

MISSISSIPPI

MISSISSIPPI SOUTHERN COLLEGE, Hattiesburg: Education of the mentally handicapped 4qb; Psychology and education of exceptional children 4qb; Individual psychological testing 4qb; Principles of speech correction 4qb; Applied speech correction 4qb; Stuttering and related problems 4qb.

MISSOURI

UNIVERSITY OF MISSOURI, Columbia: Phychology of the exceptional child 3b; Problems in teaching the orthopedically handicapped 2b; Problems in teaching the mentally retarded 2b; Analysis and correction of reading difficulties 3b.

WASHINGTON UNIVERSITY, St. Louis: Education of the atypical child 3g.

NEBRASKA

UNIVERSITY OF NEBRASKA, Lincoln: Voice and articulation disorders b; Education of gifted children b; Education of the mentally retarded b; Psychology of exceptional children b; Advanced speech pathology g; Practicum in education of the mentally retarded g; Practicum in education of the gifted g; Advanced clinical practicum in speech and hearing rehabilitation g; Practicum in the diagnosis and treatment of educational problems g.

NEW JERSEY

THE TRAINING SCHOOL, Vineland: Program planning institute for teachers of educable and trainable children b; Workshop for resource—parents for mentally retarded.

NEW YORK

COLUMBIA UNIVERSITY, TEACHERS COLLEGE: Introduction to special education 2-3b; Teaching the slow-learners 2-3b; Introduction to rehabilitation 2-3b; Administration and supervision of special education 3b; Language arts for the deaf 3b; Speech and aud. training for the deaf 3b; Education of the gifted 2-3b; Measurement of hearing 3b; Auditory training for hard of hearing 3b; Work conference in audiometry b; Programs, methods, and materials for teaching the mentally deficient 2-3b; Observation and participation in a program for mentally deficient children 2-3b; Work conference on education and care of mentally retarded in residential schools 2-3b; Psychology of mentally retarded children 2-3b; Programs, methods, and materials for teaching retarded 2-3b; Tests and remedial work for the mentally retarded 2-3b; Observation and participation in an educational program for mentally retarded aged 7-12, 12-16, 2-3b each; Occupational skills for mentally retarded youth 2-3b; Nature, needs, and training of children with neurological impairment 3b; Programs, methods, materials in teaching children with neurological impairment 3b; Observation and participation in an educational program for children with neurological impairment 2b; Psychology of physically handicapped 2-3b; Education and care of cerebral palsied children 2-3b; Work conference in administration of programs for children with cerebral palsy 0-4b; Work conference in psychological and educational evaluation of children with cerebral palsy or other neurological impairment 0-3b; Work conference in counseling parents of children with physical disabilities and neurological impairment; Education of the emotionally disturbed 3b; Nature and needs of

children who are emotionally disturbed 3b. *In cooperation with the* INSTITUTE FOR THE CRIPPLED AND DISABLED: Team concepts and techniques in rehabilitation workshop.

HUNTER COLLEGE (Graduate School), New York City: Problems and practices in the education of the physically handicapped; The education of the cerebral palsied; Principles and methods of teaching the blind, I and II; Theory and technique of reading and writing standard English Braille I and II; Teaching speech to the deaf and hard of hearing—acoustic training; Teaching language and reading to the deaf and hard of hearing; Teaching lipreading to the deaf and hard of hearing; Mental, social, and vocational adjustment and guidance of the handicapped; Education of the gifted; Psychology of the physically handicapped; Education workshop for elementary school teachers (area emotionally disturbed; Advanced student teaching internship for elementary school teachers (area physically handicapped); Psychology and education of the retarded; Occupational education for mentally retarded; General methods of teaching mentally retarded b; Fourth vacation demonstration school for the exceptional.

MOUNT ST. JOSEPH TEACHERS COLLEGE, Buffalo: Psychology of the exceptional child b; Speech correction b.

STATE UNIVERSITY OF NEW YORK, COLLEGE FOR TEACHERS, Buffalo: Practicum in education of children with mental retardation 6g; Nature and needs of children who present exceptional problems of learning 3b.

SYRACUSE UNIVERSITY, Syracuse: Practice teaching with gifted children 2-3b; Education of crippled children (theory) 3b; Education of crippled children 3-9b; Workshop on cerebral palsy and related problems of brain injury 3b; Education of cerebral palsied children 3b; Orthopedics for teachers of crippled children 3b; Advanced corrective physical education 2b; Practicum in advanced corrective physical education 2-6b; Recreational activities for the physically handicapped 2b; Occupational education for children 3b; Education of primary children with retarded mental development (theory) 3b; Education of primary children with retarded mental development (practice) 3-9b; Education of intermediate children with retarded mental development (theory) 3b; Education of intermediate children with retarded mental development (practice) 3-9b; Teaching reading to slow learning children 3b; Manual skills and analysis of job areas 3b; Education of children with retarded mental development 3b; Nature and needs of retarded children 3b; Training of children with severely retarded mental development 3b; Education of partially seeing children (theory) 3b; Education of partially seeing children (practice) 3b; Educational implications of visual impairments 2b; Development and education of preschool blind children 3b; Principles and methods of teaching Braille 1-3b; Instructional procedure in the education of blind children 3b; Education of epileptic children 3b; Advance workshop in the education of children with partial vision 3b; Education of hospitalized and homebound children 3b; Workshop in the education of gifted children 3b; Introduction to speech and hearing disorders 3b; Hearing aids and auditory training 3b; Teaching of speech to the deaf and hard of hearing 3b; Education and development of children with impaired hearing (theory) 3b; Education and development of children with impaired hearing (practice) 3b; Articulation and voice disorders 3b; Stuttering and allied disorders 3b; Clinical methods and practice in speech and hearing (theory) 3-9b; Language and speech problems of cerebral palsy 3b; Organic disorders of speech and language 3b; Education of gifted children 3b; Psychology of exceptional children 3b.

NORTH CAROLINA

WESTERN CAROLINA COLLEGE, Cullowhee: Problems, materials, and methods in teaching slow-learning children 3q; Problems in teaching speech 3q; Introduction to exceptional children 3q; Psychology of exceptional children 3q; Principles of speech correction 3q; Mental deficiency 3q; Clinical practice with exceptional children (mentally retarded) 3q; Clinical practice with exceptional children (speech) 3q; Arts and crafts for the handicapped child 3q.

NORTH DAKOTA

STATE TEACHERS COLLEGE, Minot: Methods of teaching the slow-learner 4q; Student teaching the educable mentally handicapped 4q; Speech correction methods 4q; Problems of hearing 4q; Stuttering I and II 2q each; Clinical practice.

OHIO

BOWLING GREEN STATE UNIVERSITY, Bowling Green: Workshop in education of the slow-learning child 3; Education and treatment of the exceptional child 2.

KENT STATE UNIVERSITY, Kent: Special education materials and methods for slow learners 3qb; Special education materials and methods for the gifted 3qb; Psychology of mentally retarded 3qb; Psychology of gifted child 3qb; Techniques of teaching speech to deaf 3qb; Special education methods of teaching social studies to the deaf 4qb; Speech rehabilitation for classroom teachers 3qb; Cerebral palsy: nature and therapy 3qg.

PENNSYLVANIA

PENNSYLVANIA STATE UNIVERSITY, University Park: Education of exceptional children 3b; Education of the mentally retarded 3b; Problems in education of mentally retarded 1-4g; Workshop in advanced study of mental retardation 3g; Workshop, curriculum building, mental retardation 3g; Education of the mentally gifted child 3b.

UNIVERSITY OF PITTSBURGH, Pittsburgh: Methods of teaching special classes 2; Student teaching for orthogenic classes 2; Handwork for special classes 2; Orthopedics 2; Student teaching for orthopedic classes; Speech problems 2; Hearing problems 2; Audiology seminar 2g; Clinical practice in audiology 2g; Seminar in speech pathology 2g; Clinical practice in speech correction 2g; Workshop in training uneducable mentally retarded children 2; Clinical practice in speech correction 2g.

SOUTH DAKOTA

UNIVERSITY OF SOUTH DAKOTA, Vermillion: Methods and materials in special education 3; Problems in special education 3; Practice teaching in special education 3; Psychology of exceptional children 3b.

TENNESSEE

GEORGE PEABODY COLLEGE FOR TEACHERS, Nashville: Introduction to exceptional children 4qb; Introduction to psychologically exceptional children 2qb; Introduction to physically handicapped children 2qb; Introduction to speech problems of children and youth 4qb; Readings and research in special education 2-4qg; Field work in special education 2-4qg; Administration and supervision of educational programs for exceptional children 4qg; Methods, materials, and practicum in teaching educable mentally retarded educable children each 5qb; Introduction to mental retardation 4qg; Medical aspects of crippling and special health conditions 4qb; Methods of teaching elementary curriculum to the hearing handicapped 2qb; Supervised teaching of the hearing handicapped 2qb; Testing of hearing 4qb; Stuttering 4qb; Studies in child adjustment 4qg; Teaching reading to slow learning children 4qb; Education of superior children workshop 4qb; Administration and supervision of educational programs for exceptional children workshop 4qg; Education of trainable or severely retarded children workshop 4qb; Camping for the handicapped workshop 4qb.

UNIVERSITY OF TENNESEE, Knoxville: Education for hospitalized and homebound children 3b; Education of problems of the cerebral palsied child at home and at school 3g; Nature and concept of mental retardation 3b; Education of the mentally retarded (educable and trainable) child 3b; Education of the brain-injured child 3b; Education of the partially seeing children 3b; Eye problems encountered by the teacher 3g; Introduction to speech correction 3b; Voice and articulation disorders 3b; Stuttering 3b; Clinical practice in speech correction 3b; Rehabilitation of the hard of hearing 3b; Beginning lip reading 3b; Audiometric testing 3b; Experience in teaching and supervision of exceptional children 3g; Problems in the education of the exceptional child; Psychology of the exceptional child 3g; The school child, student teaching (crippling, partially seeing, mentally retarded) 3g; Organic disorders of speech 3b; Problems in speech pathology and audiology 3b.

TEXAS

NORTH TEXAS STATE COLLEGE, Denton: Psychology of exceptional children 3b; Speech correction 3b.

SOUTHERN METHODIST UNIVERSITY, Dallas: Workshop for teachers in special education 6g.

SOUTHWEST TEXAS STATE TEACHERS COLLEGE, San Marcos: Methods of teaching exceptional children 3b; Workshop for teachers and parents of retarded 3b; Survey course in special education 3g; Mental hygiene for exceptional children 3b; Psychological testing of exceptional children 3b; Arts and crafts for retarded children 3b; Workshop in education of crippled children 3b; Workshop in stuttering 3b; Methods of speech therapy for parents and teachers 3b; Emotional problems of children with speech disorders 3b; Clinical practicum in speech therapy 3b.

TEXAS STATE COLLEGE FOR WOMEN, Denton: Speech handicaps in the elementary classroom 3b; Survey course in the education of exceptional children 3b; Education of the physically handicapped 3b; Teaching the slow learner 3b; Diagnostic and remedial reading 3b.

UNIVERSITY OF HOUSTON, Houston: Introduction to speech and hearing therapy 3; Foundations of hearing 3b; Speech correction in the classroom 3; Audiometry 3b; Clinical practice in speech and hearing therapy; Advanced clinical practice 3b; Psychology of the subnormal child 3b; Methods and materials in the education of mental deviates 3b; Language development for the deaf 3b; Survey of exceptional children 3b; Methods of teaching orthopedically handicapped children 3b.

UNIVERSITY OF TEXAS, Austin: Psychology of slow-normal children 3b; Problems and techniques, mentally retarded children 3b; Education of exceptional children 3b; Speech problems of exceptional children 3b; Care of crippled children in the classroom 2b; Audio-visual materials for teachers of exceptional children 3b; Special education techniques 3g; Cerebral Palsy Workshop 4g.

UTAH

UNIVERSITY OF UTAH, Salt Lake City: Workshop in administration of special education programs 3qg; Introduction to special education 3qb; Workshop in educational management of gifted children 2qg; Diagnosis of learning problems of exceptional children 4qg; Classroom problems in speech and hearing disorders 2qb; Clinical methods of speech correction 3qb; Clinical practice in speech correction 6qb; Clinical methods and practice with preschool children with hearing handicaps 6qb.

WISCONSIN

CARDINAL STRITCH COLLEGE, Milwaukee: Curriculum for mentally handicapped 3b; Psychology of mentally retarded children 3b; Seminar in special education 2g.

MARQUETTE UNIVERSITY, Milwaukee: Prevention and correction of reading difficulties 3g; Adjusting education to individual needs 3g.

WISCONSIN STATE COLLEGE, Milwaukee: Medical aspects of cerebral palsy workshop 2b; Workshop in the education of the deaf 6b; Workshop in the education of the mentally retarded 6b; Psychology of exceptional children 3b; Advanced speech correction 3; Clinical practice in speech correction 3.

REJECTING PARENTS?

(Continued from page 276)

3. In some rare instances it might be used by a professional person as a means of establishing a position of superiority over the parents. The professional person in effect would be saying, "I would not treat that child that way if it were mine and, what's more, no decent individual would treat the child that way." It goes without saying that this is a statement that is easier to make for the professional person who does not have children of his own or at least does not have handicapped children.

4. The over-use of this term *rejection* may be due to a highly unrealistic view of how the emotionally healthy parent should react to his exceptional child. We are expecting too much from parents if we expect all sweetness and light and calm forebearance. Total positive acceptance of a handicapped child or any child in the absence of any negative attitudes is something this writer has never seen and does not anticipate seeing in the near future.

What then can we expect of the parents? We can hope that the parents will accept the child's handicap, even though they don't like it. We can expect that the parents will want the child to perform at the level of social and intellectual ability that the child is capable of (and the professional worker has the responsibility of providing this information to the parents). Finally, we can expect that aspirations of parents for their child's future are in line with all that is known about the child's potential skills and abilities. We should expect that these parents will harbor feelings of resentment towards other parents who have had the good fortune to have healthy children and that they will occasionally become downcast and discouraged over the special problems that have sometimes seemed to set them apart from other parents. In short, they will act like human beings.

It has been the thesis of this article that most parents have genuine affection for their children despite some negative reservations that may often be revealed under stress. The parents can be, and should be, valuable assistants in the training program of many kinds of exceptional children. A professional person who can understand and accept the reasons for the attitudes of parents, and also understands his or her own emotional reactions to the child and the parents, will be able to provide a richer and more effective training program for the exceptional child.

STUDENTS DISCUSS STUTTERING

(Continued from page 272)

"Do you think this might be related to trying not to stutter when talking to those you don't know? Your friends already know you stutter and perhaps you are working so hard to conceal it when speaking to them."

"I think that may be true."

"I'm excited during oral reading most of the time."

"My worst trouble comes when I answer the phone and try to say 'hello', also when ordering gasoline instead of saying 'regular,' I substitute something like 'medium'. I'm trying not to substitute."

"I don't have any special situations—a little of each—mostly talks before groups and oral reading."

"Has anyone a funny incident related to stuttering which you can tell us?"

"I was giving an oral report in class. I had worked it out so all I would have to say was 'seven thousand dollars.' I had a tough time even getting that much out. Then a kid I knew raised his hand and said, 'Will you please repeat the amount?' "

"Our speech group over-parked when out on a situation tour. We got a ticket and had to go to the court to pay. In defending ourselves we faked severe stuttering. The judge got flustered and said, 'Oh, forget it.' "

"Would you summarize our discussion, Arthur?"

"We work for an unemotional acceptance of stuttering, trying to get over our fear of it. We also work to learn to stutter in an easier way."

The faculty was very enthused and impressed with the presentation and felt that this was more worthwhile than conferences between the teacher

and clinician. They enjoyed the first-hand information from student to teacher. The panel members felt happy to prove, to themselves and others, that they could adequately face and handle such a situation.

NON-LANGUAGE INTELLIGENCE AND LANGUAGE ACHIEVEMENT AMONG DEAF CHILDREN

(Continued from page 269)

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—G. ORVILLE JOHNSON

Psychiatrist Issues Hypnotism Warning

CHICAGO: Writing in the February issue of *Today's Health*, published by the American Medical Association, Dr. James A. Brussel (certified psychiatrist, member of the American Psychiatric Association) warned against the indiscriminate use of hypnotism by lay persons to "cure" symptoms—both physical and mental— and to develop delusions such as "mastery of the mind."

There are three principles regarding hypnotism to which medical science subscribes: 1. Where hypnotism removes symptoms, an illness may be obscured and prolonged, since causes are not treated. 2. Where hypnotism treats emotional symptoms instead of causes, more serious personality defects may occur. 3. Where hypnotism evokes delusions, habits of thought as harmful as drug addiction may be formed.

Hypnotism may be useful, especially in psychotherapy, by relieving certain symptoms and manifestations. However, these very gains are exploited by untrained and irresponsible persons. By virtue of the sudden, immediate and seemingly successful results achieved through hypnosis, the quack flourishes and creates damage that is at times appalling.

Hypnotism by trained specialists in psychotherapy may be used to remove some psychological or physical condition which interferes with the beginning of satisfactory therapy. Its use, though, must be limited to certain neuroses.

Hypnotism is not a cure in the strict sense of the word and its results are not always permanent. It can be used only on persons who are willing to cooperate and who have, at least, an unconscious desire to secure relief.

Since there are not psychiatrists enough for all, quacks have enjoyed a "roman holiday." In the process, the quack "can do irreparable harm by his ability to produce hypnotic effects which he doesn't understand and doesn't know how to use."

Only public awareness can halt the growing menace of hypnotic quacks. "As long as people are willing to gamble their health with untutored, inexperienced practitioners, the menace will continue to grow."

Excerpts of an Address given by Q. E. Cope, Commissioner of Education of Tennessee, to the *International Council for Exceptional Children*, Nashville, Tennessee, November 9, 1955

THE field of special education is confronted with the same problem (increasing enrollments and shortage of school facilities and teaching personnel), plus the fact that there are simply not enough adequate teacher training programs to train teachers for this field.

. . . A great variety of personnel with training in fields of highly specialized ability is needed to

effectively achieve the desired results in this field. One of our handicaps in the program for exceptional children has been the difficulty of finding prospective teachers who have special interests in these highly specialized fields. Once we have located such teachers, it has been difficult to persuade them to take the professional training necessary for doing an effective job. . . .

. . . From all indications there is a genuine interest on the part of school boards, school administrators, legislators, governors, and citizens in general, in the development of this program. Parents of exceptional children are finding that more adequate facilities and equipment are available for these children and that they can expect more help from state and local school personnel. In many communities, citizens who are not parents of exceptional children have undertaken projects to aid in these programs. . . . We realize that we must continue to work for the improvement of the total program of education with the complete understanding that as this program develops, the program of special education will develop as a part of this program and not as a program separate from a normal school program.

As a person who is sincerely interested in the program for exceptional children, but who is not trained in the field, I believe you will allow me to mention a few cautions that I feel that you, who are specialists in the field, should observe.

1. Programs for exceptional children should not be expanded in fringe areas in an effort to serve children who can be served as well, or better, in the normal school program. We must exercise care not to label many children *exceptional children* who are really normal children with slight handicaps.

2. Our enthusiasm for this program should not cause a greater expansion of the program than can be properly financed and properly staffed. One weakness in the program is that we have too many classes staffed by untrained teachers who do not understand the program. This does not help the child or the program.

3. Teacher-training institutions should be discouraged from offering training programs until they are able to find competent instructors, and to finance, and support a well-developed training program.

4. Local communities should be discouraged from initiating programs in highly technical areas until the school authorities and citizens in general have recognized the need for such a program. There should be a readiness on the part of all concerned for the initiating of the program.

5. In the immediate future, the development of the program for exceptional children should emphasize quality in the program rather than pride in the number of participants. It is no longer necessary to sell the program for exceptional children, but it is necessary to improve the quality of the program.

The future welfare of our American civilization depends upon our willingness and ability to develop and support an educational program that will meet the economic, spiritual, and humanitarian needs of modern civilization. Education for exceptional children must and will be an important part of this program. It will grow as the total educational program develops, or it will fail as the total program fails.

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ELIZABETH M. KELLY is president-elect of ICEC, assistant superintendent of schools, Newark, N.J., and program chairman for the 34th annual convention of the ICEC, Minneapolis. Her BA and MA degrees are from New York University, her PhD degree from Fordham. She has been a teacher and school principal in the elementary education field, a school psychologist, and has lectured at Teachers College, Columbia University, and the University of California at Los Angeles. Her writings include over 20 articles in professional journals in the field of exceptional children.

ROSS E. HAMILTON is director of education for handicapped children for the state of Washington. A native of Ontario, Canada, his BA degree is from the University of Saskatchewan, his MA and PhD degrees from Columbia University. Prior to accepting his present position, he was a teacher of exceptional children, and later, assistant superintendent of the Lexington School for the Deaf, New York. He is active in the NEA, AASA, the National Association of State Directors of Special Education, as well as in ICEC.

RUTH BECKEY IRWIN is president of the Ohio ICEC chapter and associate professor of speech, Ohio State University. She also supervises students in clinical methods and practice in speech therapy and in speech and hearing clinics. Author of the book, *Speech and Hearing Therapy*, and numerous professional articles; she is active in Ohio ICEC affairs, and served as state supervisor of speech and hearing therapy in the Ohio state department of education from 1945-49.

PAUL J. MISNER is luncheon speaker on April 14th at the Minneapolis convention. His address on the "Forward Look in Special Education" concludes the convention. He is president of the American Association of School Administrators this year, in addition to his regular duties as superintendent of schools, Glencoe, Ill. A native of Michigan, his BA degree is from the State Normal College, Ypsilanti, and his MA and PhD degrees from the U. of Michigan. He has served as lecturer in colleges and universities, and is co-author of the book, *Democracy in School Administration.*

MILDRED A. MCGINNIS is chairman of the workshop on the aphasic at the Minneapolis convention. In addition to her association with the Central Institute for the Deaf, St. Louis, she is assistant professor of the teachers college, affiliated with Washington University. Miss McGinnis has been teaching aphasic children at Central Institute for 30 years. On the basis of her work with aphasic children, she was recently named one of the 10 "Women of Achievement of St. Louis."

—GENEVIEVE DRENNEN

Number Please . . .

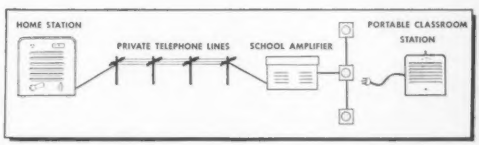
A Scottish teacher of the deaf, Alexander Graham Bell, thought the problem of teaching the deaf to speak could be solved by making speech visible. He advocated teaching the deaf to use language. It was through this interest in speech and language that he finally reasoned an electrified wire could convey human speech—thus, the telephone.

Other exceptional children have had direct help from this invention. The home-bound and hospitalized have benefited from the school-to-home service.

Teaching aids and visual materials about the telephone can greatly aid in teaching the blind, the partially sighted, the mentally retarded, and classes for physically handicapped children. To help teachers using units on communication involving language arts, science, social studies, music, history, and occupational information; free pamphlets, films, Telezonia kits, as well as display items, are available from their local Bell telephone company.

School-to-Home for "Shut-Ins"

School-to-home telephone service is two-way communication between classroom and home or hospital, providing the sick or handicapped student with actual participation in the work of his class. Using microphone and loudspeaker at both ends, this telephone circuit enables the shut-in student to hear classroom sounds and discussions. He can answer to roll call as others. The teacher can call on him to recite, and the entire class can hear his recitation.



By means of a "listen-talk" switch, the handicapped student controls the speaker and microphone in the school room as well as his own. The school room equipment is portable and can be carried from one classroom to another and plugged in. Several shut-in students in the same class can be served from one school set.

Teaching Shut-Ins by Telephone

by Arthur S. Hill
Educational Director
United Cerebral Palsy

Sixteen years ago the late Dr. W. A. Winterstein, first director of special education of the state of Iowa, authorized installation of an experimental school-to-home telephone line in Newton, as an aid to the instruction of the bedridden daughter of a telephone lineman. Static reminiscent of the weird

howls that beset pioneer radio listeners, voices that were fuzzy and muffled at best, and a generous measure of confusion for all participants characterized the experiment. But it worked.

In the present school year homebound children—and college men and women—in 46 states are enjoying a new dimension of realism as they carry on regular educational activities in bed or sickroom. Teaching by telephone has come of age as a supplement to regular homebound instruction.

In that 16-year interim were years of dedicated research and experimentation, trial and error, refinement and improvement—hampered by material shortages during World War II. But the ultimate development, which for several years has been well outside the experimental category insofar as the physical system is concerned, is held to justify the time and effort—and expense—by virtually every educator who has seen it properly employed.

The system, which is available by rental from telephone companies, consists of two speaker-microphone units which in appearance are much like portable radios. One unit, placed in the student's home, is connected by a regular private telephone line to the second unit located in the distant classroom. The shut-in hears the teacher and his classmates; the entire classroom hears the shut-in, his questions, answers, and discussions. They can join together in discussion almost as though all were in the same room. Thus has modern telephonic science brought the sounds of school to thousands of homebound children.

Significant educational benefits for many students have derived from teaching by telephone as a supplement to the usual few hours a week of home instruction. The full 25-hour week of aural contact which the method provides brings to many a homebound youngster psychological gains which the most devoted homebound teacher cannot provide unaided.

Even as the last technical problems in school-to-home telephone were falling before determined research, new problems in proper application were arising. Where effective techniques for using the system were developed by resourceful teachers in one school district, there was no provision for passing them on to other districts or states where other school administrators were embarking for the first time on school-to-home telephone programs. The only source of information common to all the school systems was the telephone companies and they, ill-equipped to involve themselves in the educational elements of the program, were properly reluctant to do so.

To close this gap, as well as to seek areas for further technical improvement, the manufacturers of the equipment embarked on a study of installations throughout the country. Its findings were published in these pages in December, 1953. The article was subsequently reprinted as a handbook for using the system.

Next, authorities in school administration and special education were named to an advisory committee, in an effort to further the proper understanding and employment of the system and ultimately to codify (insofar as possible) optimum methods for its application.

Meanwhile, case histories were amassing in state after state, homebound situation after homebound situation. Many of these were published in the various educational journals as imaginative educators passed on their own experiences to their fellows. Full scale research into the educational effectiveness of the system has been designed and the surface of this formidable project has been scratched here and there.

But vast areas remain to be more fully explored. There is, as yet, little recorded experience with school-to-home telephone teaching in a number of specific types of disabilities. One of these is cerebral palsy. But even in this area, a start has been made.

Recently, the educational department of United Cerebral Palsy cooperated with the sponsors of the overall program to gather and exchange information. The special education division of Executone, Inc., mailed an inquiry to 135 schools now using school-to-home telephone as a supplement to conventional homebound instruction. In addition, the directors of special education of the states involved received the query. All were asked to provide data on the incidence of cerebral palsy cases in total applications, within their jurisdiction.

Returns confirmed the long-time findings of cerebral palsy workers. Specifically, the high incidence of speech disability among palsied children proscribes use of school-to-home telephone in as many as 60 to 70 percent of cases.

Nevertheless, 98 informative responses to the letter revealed 12 cerebral palsied children for whom the equipment was being used. In addition,

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there were other responses from educators whose experience with school-to-home telephone in other types of disabilities left them willing to try it if they should find in their communities cerebral palsied children who were able to use the method to advantage.

Quite unexpectedly, a volume of gratuitous information accrued to the inquiry—information on use of the school-to-home telephone system in cases of other types. The cases cited provide an interesting and useful—though by no means complete—index of disabling conditions in which the method has been used effectively. Following is a tabulation of the total response:

Cerebral palsy	12
Cardiac	19
Fractures	7
Muscular dystrophy	11
"Orthopedic" [1]	8
Polio	21
Tuberculosis	8
Miscellaneous [2]	16

[1] No other description given.

[2] Includes pre- and post-operative cases, kidney ailments, spinal conditions, hemophilia, paraplegia, pneumonia, Fredericks ataxia, and others.

Note: *Total response includes several multiple conditions.*

It is important to note that the frequency of the disabilities reported most heavily above, bears no relation to the incidence of the conditions in the total population or in the total of students receiving supplementary homebound telephone instruction.

Beyond a listing of conditions wherein the system has been used successfully, the unsolicited responses to the United Cerebral Palsy query furnished a number of valuable observations by educators who had employed the method over varying periods of time in a wide range of cases. Many of these comments underscore some of the basic tenets of teaching by telephone. One of the most important was heard from several sources: not every homebound child can derive optimum benefit from the system; each case must be painstakingly evaluated before a decision is made to install the telephone equipment.

Of the C.P. cases whose disabilities allowed the system to be used at all, the educators reporting showed reactions similar to those of their colleagues citing other kinds of homebound cases. Almost universally, the psychological reaction to hearing again —for the first time—the sounds of the classroom stimulated the students to accomplishments which were not dreamed of before the advent of what the children are pleased to call "the magic box."

The response also indicated that special orientation of the classroom and home teacher is essential. It is probable that one of the greatest needs for the more efficient use of this method of teaching may be an informational brochure for classroom teachers, written by those who have had experience with the equipment.

In addition, with C.P. children as with others, it is necessary to orient the homebound child especially to use the equipment properly. Sometimes special modifications must be made to the equipment itself. One young cerebral palsy victim was unable to maintain pressure on the "push to talk" button for any length of time, and so was unable to take part in any protracted class discussions. Telephone people changed the button so he could easily manipulate it, and one more problem bowed to determination.

In the case of one non-C.P. victim, a high school boy, a solution was found to a problem which could plague many a youngster. One of his classrooms was particularly noisy—trolley cars in the street outside, a music room upstairs with constant band practice, and a playground just outside the window. At length a special sound-proof "booth," about the size of a hat box, was developed to encase the schoolroom microphone-speaker unit. This solved the noise problem—but not until the student had reaped a secondary benefit from the noise itself. "I learned to concentrate," he said. "This was my *real* problem."

Where physical condition allows spoken participation in classroom affairs and the manipulation of the equipment, cerebral-palsied children can use school-to-home telephone as efficaciously as their brethren with different disabilities. And where the device is employed with a combination of imagination and realism it has been found to be a valuable aid.

Several considerations are basic and can, if disregarded, spell tragic confusion for the pupil. In general, it is recommended to confine the system to pupils in fourth or higher grades; younger children usually are unable to fit themselves into the heard but unseen environment of the schoolroom. In addition, experience has shown that the method is practical only when it is employed with children above the dull normal range of intellectual ability.

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Cooperation of parents is essential; noise in the sickroom, from conversation, visitors, vacuum cleaners and the like, can seriously distract the class. In addition, the teacher—usually apprehensive at first over the possibility of being misunderstood in a normal disciplinary situation—can have full confidence in the privacy of the classroom only with an expression of cooperation from the parent.

The last are probably the most important considerations if teaching by telephone is to keep its place as a serious and substantial aid to the education of the homebound. The method should be used only as a supplement to regular instruction by a teacher of the homebound, and it should be used only in cases where school attendance by any other means is completely impossible. Casually allocated — often possible under the altruistic pressure of a community organization eager to underwrite its cost—it can encourage a student to remain at home and in bed after his recovery should have warranted a return to school. Or perhaps a board of education might be tempted to use the method as an economical substitute for the more effective and desirable special classroom.

But when all these considerations are met, this unique device is indeed an important adjunct to education. The cardinal advantage has been summed up most eloquently by a child who—for the first time in years—heard the incidental noises of the schoolroom and could join again in classroom merriment at some youthful joke. "I can hear them laughing way in the back of the room."

Telezonia

The telephone is important in the lives of most of us. Youngsters in America usually begin to use it about the time they start to school. Familiarity with the telephone, however, does not guarantee that children know and practice good telephone habits. Instruction in the proper use of the telephone is as important nowadays as practice in letter writing.

Most schools have units of work treating with the telephone and its use. To help teachers instruct pupils in proper telephone usage, the Bell telephone system has prepared and made a package of instructional aids available to elementary school systems.

While the combined use of the movie, filmstrip, and student booklet is desirable in the interest of fullest teaching effectiveness, each is a self-contained teaching device and may be used alone.

The teacher's manual deals with these three teaching materials separately. In addition, there are sections devoted to the use of the practice telephones and directories. The complete teaching package contains:

- *Motion picture*—"Adventure in Telezonia"—a 15-minute full color movie featuring a marionette cast.
- *Filmstrip*—"How We Use the Telephone," a 35-mm slide film to supplement "Telezonia" or be used independently of the movie.
- *Teacher's manual*—A desk guide to the entire subject with background information and suggested techniques.
- Booklet—*The Telephone and How We Use It*—intended for distribution to pupils for classroom work.
- *Two practice telephones*
- *Two local telephone directories*

The complete instructional aids package has been developed in collaboration with the Audio-Visual Materials Consultation Bureau, College of Education, Wayne University. The Bureau has made recommendations in accordance with suggestions and criticisms made by more than 1000 elementary school principals, supervisors, and teachers.

Contact the local Bell telephone company for information and for the teaching aids. Materials at various levels are available and audio-visual teaching aids list interesting and informative free telephone films, displays, and demonstrations.

Classroom Uses

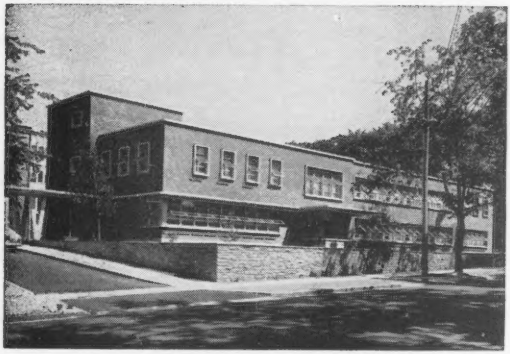
Here are some various classroom uses to which teachers have adapted the Telezonia material:

Language and vocabulary
—Writing letters, stories, poems and songs about using the telephone
—Spelling and use of such words as party line, dial tone, mouthpiece, receiver, signal, number plate, switchboard, operator, directory, emergency

Alphabetizing
—Looking up names in the telephone directory; making personal directory of friends and tradespeople the child or his parents might call

Picture-book project
—Making picture-books from magazine illustrations of people using the telephone and of telephone equipment

Summer Session Program for Educators of EXCEPTIONAL CHILDREN



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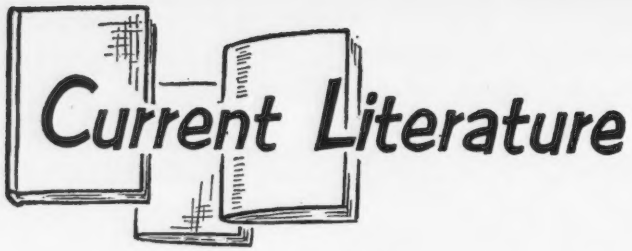

Compiled with the Assistance of the Library, National Society for Crippled Children and Adults, Chicago.

NEW BOOKS BRIEFLY NOTED

GETZ, STEVEN. *Environment and the deaf child.* 1953. (Published Nov. 1955). 173 p. tabs. Calif. School for the Deaf, Berkeley.

A study of educational work with the deaf, to determine the proper emphasis given each phase, in order that the personal adjustment of the deaf child to civic, social, moral, and economic conditions of his adult life may be satisfactory.

VAKEEL, JAI H. *Educating the mentally handicapped.* (1955?) 72 p. Popular Book Depot, Lamington Road, Bombay 7, India. 6 rupees, 12 annas a copy.

Mrs. Jai H. Vakeel is the director of "School for Children in Need of Special Care," in India, started in Sepetember, 1944. Her book reflects the methods used at the school and the activities and materials utilized.

NICHOLSON, EDNA E. *Planning new institutional facilities for long-term care.* 1956. 358 p. G. P. Putnam's Sons, New York. $4.50.

Primarily, the planning of residential facilities for the aged and the chronically ill adult, this book will be useful to the administrator or agency concerned with providing residential care for children with medical needs.

PERIODICAL ARTICLES AND PAMPHLETS

Auditory Impairments

CORY, PATRICIA BLAIR. "Materials center; visual education materials and books." *Volta Rev.* Jan., 1956. 58:1:15-19.

The librarian at the Lexington School for the Deaf, New York City, describes the visual education room adjacent to the library at the school and how the program intergrates library materials and audio-visual material.

FAUTH, BETTE LA VERNE and FAUTH, W. W. "A study of the proceedings of the Convention of American Instructors of the Deaf, 1850-1949." *Am. Annals of the Deaf.* 9 pts.

FLAXMAN, GEORGE, and ETHEL. "Growing up with Marsha." *Volta Rev.* Oct., Nov., & Dec., 1955. 57:8, 9, & 10. 3 pts.

Describing Dr. and Mrs. Flaxman's experiences with a deaf child—six-year-old Marsha, their daughter.

HEDGECOCK, LEROY D. "Speech and hearing problems of the young deaf child." *Am. Annals of the Deaf.* Nov., 1955. 100:5:435-45.

Discusses ways in which deafness is first recognized in children, methods of testing the very young child for deafness, conditions often confused with deafness, differential diagnosis, the value of education for deaf children, and the problems of developing speech in the deaf.

KALLMAN, FRANZ J. *Objectives of the mental health project for the deaf.* 1955. 15 p. Mimeo. Editor, *American Annals of the Deaf,* Gallaudet College, Washington 2 D. C. 25¢.

Describes the objectives of the first mental health project for the deaf, at the New York State Psychiatric Institute; organized in 1955, its proposed program of activities covers research, psychiatric guidance, and training of specialized guidance workers. Methods to be employed in the project are outlined.

LEDERER, FRANCIS L., QUINN, MARION, and NEVILLE, MARY T. "Hearing conservation programs; their accomplishments and deficiencies." *J. School Health.* Dec., 1955. 25:10:292-98.

Basic elements of an overall plan for a hearing conservation program, are outlined and criteria for the evaluation of such a program are suggested.

MAGNER, MARJORIE E. "An American teacher's comments on education of the deaf in England." *Volta Rev.* Jan., 1956. 58:1:11-14.

MANZ, FRED M., and PARSONS, JUANITA L. "The deaf-oral program at Parker High School." *Silent Worker.* Jan., 1956. 8:5:7-10.

A description of the deaf-oral center at Parker High School, Chicago. The integration of deaf and hard of hearing children with other pupils in the regular classroom, vocational guidance, otological rehabilitation services, and parent guidance. Qualifications and responsibilities of teachers are discussed briefly.

REYNOLDS, LYLE GORDON. "The school adjustment of children with minimal hearing loss." *J. Speech and Hear. Disorders.* Dec., 1955. 20:4:380-84.

A study to determine whether such children have more difficulty in establishing suitable goals of personal and social adjustment. Indicated a failure to demonstrate significant statistical differences. Other problems in the hard of hearing child's environment seem to have more bearing on the child's school adjustment.

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ROTTER, PAUL. "A guide to group hearing aids." *Volta Rev.* Jan., 1956. 58:1:23-27.

Written to aid in the assembling of group hearing aid equipment or to use as a checklist for measuring the quality of a "package" unit. Minimum and maximum standards of operative characteristics, performance quality, and practical application have been discussed.

SCHOWE, BEN M. "The deaf in industry." *Bul., Gallaudet College.* Oct., 1955. 4:2:3-13.

Together with: The place of the deaf in the community, by Ben M. Schowe. p. 14-24.

The Alumni Lectures of 1955. Distributed by Gallaudet College, Kendall Green, Washington 2, D. C.

Cardiac

IVEY, EVELYN PARKER. "Emotional factors in children with heart disease." *J. Med. Soc. N. Jersey.* Dec., 1954. 51:11:523-27.

Emotional needs of the child with heart disease are reviewed; the effect of parents' attitudes toward the child's illness and disability are explained. Dr. Ivey stresses preventive mental hygiene for all children experiencing illness or physical disability.

U. S. CHILDREN'S BUREAU. *The child with rheumatic fever.* 1955. 13 p. *(Children's Bur. folder no. 42-1955)* U. S. Superintendent of Documents, Washington 25, D. C. 10¢ a copy.

A new bulletin for parents and other interested persons.

Epilepsy

LIBERSON, W. T. "Emotional and psychological factors in epilepsy; physiological background." *Am. J. Psychiatry.* Aug., 1955. 112:2:91-106.

Recent advances in seizure physiology, the functions of specific structures implicated in the physiology of emotions, and the general and specific mechanisms by which environmental stimuli may induce seizures.

Orthopedic and Neurological Impairments

BLOCK, WILLIAM E. "Some experimentally based implications for personality habilitation of children with cerebral palsy. *Cerebral Palsy Rev.* Jan.-Feb., 1956. 17:1:4-7, 12.

Sources of frustration and maladjustment appear to rise within the immediate social setting of the family but ultimately are derived from the broader social setting.

FLOYER, ELLA B. *A psychological study of a city's cerebral palsied children.* 1955. 88 p. tabs. British Council for the Welfare of Spastics, 13 Suffolk St., Haymarket, London, S.W. 1, Eng. 3s. 6d. a copy (approx. 65¢).

The pamphlet discusses the physical aspects of cerebral palsy, the psychological testing and types of tests used, behavioral deviations, and general practical considerations as demonstrated by the study.

HOOD, PHILIP N., and PERLSTEIN, MEYER A. "Infantile spastic hemiplegia; V. Oral language and motor development." *Pediatrics.* Jan., 1956. 17:1:58-63.

Observations on 334 patients over a 10-year period form the basis of the report. Statistical data and conclusions of the study are presented.

KATZ, ELIAS. "A method of selecting Stanford-Binet Intelligence Scale test items for evaluating the mental abilities of children severely handicapped by cerebral palsy." *Cerebral Palsy Rev.* Jan.-Feb., 1956. 17:1:13-17.

Proposes a simple procedure for determining rapidly which test items of the Stanford-Binet Intelligence Scales, Form L and M, a child afflicted with one or more severe physical handicaps will not be able to pass, owing to the nature of his disability.

NELSON, PAUL A., and MERCER, ROBERT D. "Cost of a comprehensive community program for cerebral palsy." *Arch. Phys. Med. and Rehab.* Jan., 1956. 37:1:23-30.

UNITED CEREBRAL PALSY ASSOCIATIONS. *Your stake in education for cerebral palsied children; a guide for parents and laymen.* 1954. 55 p. The Associations, 369 Lexington Ave., New York 17.

An attempt to interpret to the layman a realistic school program for children with cerebral palsy, as based on the learning problems of the children, the special school services that should be provided, and the help that community organizations can give.

Retarded Mental Development

AMERICAN PSYCHOLOGICAL ASSOCIATION. "Symposium: School diagnosis of the mentally retarded." *Training School Bul.* Jan., 1956. 52:9:215-36.

Contents: Basic assessment by the school psychologist, Leo F. Cain.—Teamwork in diagnosis and treatment of the mentally retarded, Salvatore G. DiMichael.—Analysis of data for diagnosis of the mentally retarded, David H. Fils.—Interpretation and report to using personnel, Harold A. Delp.

BAUMGARTNER, BERNICE B. "Study projects for trainable mentally handicapped children in Illinois." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:488-91.

Discusses the basic organization and planning involved in a two-year study of a public school program for Illinois.

BARBER, T. M. "Better parent education means more effective public relations." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:627-32.

Describes activities and techniques used at Rainier State School, found valuable in working with parents of the institutionalized children. They have been the means of promoting goodwill among parents and understanding of the children's problems.

BEGAB, MICHAEL J. "Factors in counselling parents of retarded children." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:515-24.

Factors affecting the rehabilitation or maximal adjustment of the mentally retarded child and his parents are described.

BOBROFF, ALLEN. "Economic adjustment of 121 adults formerly students in classes for mental retardates." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:525-35.

Most of the group are functioning considerably above the minimal level of acceptability. Data are included on occupations classified according to degree of skills, number of different employers in the 12-year period, job promotions, wages, job tenure, and financial assets.

BOSTOCK, NORMA L. "How can parents and professionals coordinate for the betterment of all retarded children?" *Am. J. Mental Deficiency.* Jan., 1956. 60:3: 428-32.

The writer describes social and emotional problems of parents, formation and program, of a parent group at the Dixon State School.

CALIFORNIA, STATE DEPARTMENT OF EDUCATION. *Information regarding the education of mentally retarded minors in California,* comp. and prepared by Francis W. Doyle, Eli M. Bower, and Flora M. Daly. 1955. 57 p. *(Bul., Calif. State Dept. of Education, Aug., 1955. 24:10)* The Dept., Sacramento 14, Calif.

A revision and extension of a bulletin published in 1950 for the guidance of school administrators and civic leaders in the organization of special schools and classes for the severely mentally retarded.

CASSELL, JOHN T. "Survey of the major problems affecting the education of the mentally retarded in residential schools (public and private) and in public day schools." *Am. J. Mental Deficiency.* Jan., 1956. 60: 3:470-87.

DEARDEN, HARRIET M. "Training school and/or home care; a panel discussion." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:608-26.

Contents: Training school program, W. A. Butcher.-Home and working placement, Isaac N. Wolfson.-Family care, Ethelbert Thomas, Jr.-Home care program, Lois P. Dudley.-Home training, Vincentz Cianci.

GELLNER, LISE. "Causes of different kinds of learning disability." *Special Schools J.* Dec., 1955. 44:4:12-17, 23.

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GRAHAM, RAY. "Brain injured children can be helped by special classes in public schools; the Joliet Project." *Cerebral Palsy Rev.* Jan.-Feb., 1956. 17:1:8-9, 12.

Discusses some educational principles and some observations upon which more adequate programs might be based. Describes the Joliet project findings at the end of three years.

JOLLES, ISAAC. "A public school demonstration class for children with brain damage." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:582-88.

A summary of the final report of the Illinois Department of Public Instruction's Committee on the Education of Children with Brain Damage (The Joliet Project).

LARADON HALL SCHOOL FOR EXCEPTIONAL CHILDREN. *A manual for home teaching of the mentally handicapped child,* by Roy McGlone; illustrations by F. F. Lucero. 1955? 51 p. illus. Mimeo. The School, E. 51st Ave., and Lincoln St., Denver, Colo.

Presents a variety of activities to be used in training so the child's power of concentration and attention span may be increased.

NEW JERSEY. DEPARTMENT OF INSTITUTIONS AND AGENCIES. *Parent groups for the mentally retarded; what they are; what they can accomplish; how to form them.* 1956. 10 p. Mimeo. The Department, Bur. of Mental Deficiency, 135 W. Hanover St., Trenton 7, N. J.

A revision of a manual written by Dr. Lloyd N. Yepsen, originally published in 1949.

PATTERSON, LETHA L. "Some pointers for professionals." *Children.* Jan.-Feb., 1956. 3:1:13-17.

Ways in which professional personnel can aid parents in their acceptance of retardation in the child.

RIESE, HERTHA. "Academic work with an eleven year old girl with an I.Q. of 41. *Am. J. Mental Deficiency.* Jan., 1956. 60:3:545-51.

An illiterate 14 year old girl with an MA of five years, six months, probably brain-injured through anoxia at birth, now reads and studies on the second grade level and writes fluently. The method of teaching is explained and its meaning analyzed.

SHOTWELL, ANNA M., DINGMAN, HARVEY F., and TARJAN, GEORGE. "A number test for mental defectives." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:589-94.

Developed at Pacific State Hospital, Spadra, Calif., for mental defectives below the six-year level, indicates that the authors have been successful in constructing a scaled test which is independent of writing and correlates very closely with MA, at least in mental defectives.

WIRTZ MORVIN A. "The development of current thinking about facilities for the severely mentally retarded." *Am. J. Mental Deficiency.* Jan., 1956. 60:3:492-507.

A paper describing briefly the provisions made and the pattern of educational growth in the United States.

Retarded Mental Development

MacGown, Evelyn F. "Stevie's teacher gave more than was required to a little retarded child." *NEA J.* Dec., 1955. 44:9:542-43.

The mother of a retarded child tells appreciatively how Stevie's kindergarten teacher kept him busy, happy, and relaxed in class.

National Association for Retarded Children. *A basic library on mental retardation.* 1955. 8 p. The Association, 99 University Pl., New York 3, N.Y. 10¢

Parc Training School for Retarded Children. *A syllabus on a curriculum for the retarded child,* written by the staff. 1955. 35 p. Mimeo. The School, 555 E. Adams Ave., Philadelphia 20, Pa.

Largely the record of events and experiences in the school, now in its fourth year, this syllabus covers the work of the nursery school program, regular class program, and the home training program for children unable to attend class because of degree of retardation, physical disability, or emotional disturbance. Also discussed in this booklet are work with parents and the community's role in helping retarded children.

Sparkes, Benwah Kail. "Classes for the mentally retarded." *Tenn. Public Welfare Rec.* Dec., 1955. 18: 6:103-105, 108.

A report on the administration of Tennessee's newest educational program—believed to be the first statewide program of this type ever attempted.

Speech Impairments

Achilles, Robert F. "Communicative anomalies of individuals with cerebral palsy; II. Analysis of communicative processes of 90 athetoids as compared with 61 cases of other types of cerebral palsy." *Cerebral Palsy Rev.* Jan.-Feb., 1956. 17:1:19-26.

Findings revealed that anatomical and physiological deviations which hamper communication tend to be more widespread in the athetoid group; language habilitation. therefore, is more complex and the speech correctionist must be aware of all possible areas of difficulty.

American Association for Cleft Palate Rehabilitation. "Abstracts of papers presented at the 1955 AACPR meeting." *Bul.,* Am. Assn. for Cleft Palate Rehab. Jan., 1956. 6:1:3-10.

Contents: An investigation of the attitudes and information possessed by parents of children with clefts of the lip and palate, Milton J. Hill.—Some observations of environmental factors in speech development of children with cleft palate, Betty Jane McWilliams.—The Oregon cleft palate program, Herold Lillywhite.—The role of the pediatrician in a cleft palate clinic and service, Theodore O. Elterich.

Sutton, Eddie Lee. "Integrating speech therapy with language arts." *J. Speech and Hear. Disorders.* Dec., 1955. 20:4:376-79.

The integration plan is based on two parallel programs —to provide adequate opportunity for the development of creative expression and a good speech correction program to communicate effectively. Methods of administration and a graded list of objectives are suggested.

Van Hattum, Rolland J. "Speech grows too." *N.Y. State Educ.* Dec., 1955. 43:3:184-85, 221.

Explains the growth and development of speech and language, and the need to recognize these factors before labeling the child a speech defective. Teachers can make the daily classroom an ordeal for children with speech inaccuracies by failing to recognize all aspects of the problem.

Visual Impairments

Held, Marian. "Day camp as a step toward integration." *New Outlook for the Blind.* Dec., 1955. 49:10: 372-77.

An experiment in day camping with blind children. A camp site closely adjacent to one for sighted children was assigned the project, enabling integration of blind and sighted children in many camping activities.

Misbach, Dorothy L. "An itinerant teaching program in the elementary grades." *New Outlook for the Blind.* Dec., 1955. 49:10:366-71.

Describes the qualifications of the itinerant teacher, the organization of an itinerant teaching program, types of instructional materials, and the itinerant teacher's relationship to the regular classroom teacher.

Lowenfeld, Berthold. "Emotional growth." *Internatl. J. Educ. for the Blind.* Oct., 1955. 5:1:1-8.

A complete chapter from: Lowenfeld, Berthold. *Our blind children; growing and learning with them.* Springfield, Ill., Charles C. Thomas, 1956.

How parents may cope with situations as they arise.

Reese, Algernon B. "An epitaph for retrolental fibroplasia." *Sight-Saving Rev.* Winter, 1955. 25:4:204-206.

An editorial reprinted from the *Am. J. Ophthalmology,* Aug., 1955, reviewing 13 years of research that has succeeded in determining a cause of blindness and its prevention.

Wallace, Helen M. and others. "Diagnostic and consultation services for children with visual defects." *Sight-Saving Rev.* Winter, 1955. 25:4:220-24.

A report from the Bureau for Handicapped Children, N.Y. City Dept. of Health, based on monthly service statistics provided by 23 eye clinics and analyzing costs, clinical findings, and administration.

Waterhouse, Edward J. "Arithmetic aids for the blind." *Internatl. J. Educ. for the Blind.* Dec., 1955. 5:2:25-29.

Advantages and disadvantages of the Taylor Slate and cubarithm, the Nemeth Code, Braille aids, and methods of mental arithmetic are discussed.

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General

AMERICAN SCHOOL HEALTH ASSOCIATION. "Recommended policy and practices for school nursing; revised October, 1955;" compiled by a national committee of school nurses for the . . . Lyda M. Smiley, Chairman. *J. School Health.* Jan., 1956. 26:1:13-26.

AMERICAN TOY INSTITUTE. *Toys and the hospital nurse,* by Mildred H. Walton. 1955. 8 p. Available from the American Toy Institute, 200 Fifth Ave., New York 10, N.Y., or in single copies, from the National Society for Crippled Children and Adults, 11 S. La. Salle St., Chicago 3, Ill.

Gives specific suggestions on types of toys found to be useful with hospitalized children and a general guide for selection of toys for hospital use.

AUERBACH, ALINE B. "Public health nursing and parent education; a pilot project of training for parent group leadership." *Am. J. Public Health.* Dec. 1955. 45:12: 1578-1589.

BRAIN, SIR RUSSELL. "Dickensian diagnoses." *Brit. Med. J.* Dec. 24, 1955. 4955:1553-1556.

Gives examples of Dickens' ability as an expert observer of disorders of mind and body from which his fictional characters suffered. His accounts often would do credit to a physician.

FRANCK, KARI NATALIE. "Not 'quickly form a circle.'" *Mich. Educ. J.* Dec., 1955. 33:7:196-97.

Special educational tape recordings for use with orthopedic children in Muskegon, Michigan, public schools provided many opportunities for "in-school-listening," an enriched curriculum, and closer contact with a greater number of normal people.

HARDY, MARTHA CRUMPTON. "Parent resistance to need for remedial and preventive services." *J. Pediatrics.* Jan., 1956. 48:1:104-14.

Data are from records of the hearing and vision conservation program in 128 Chicago public elementary schools. The author feels that results of the review merit thoughtful consideration by pediatricians in their private practice and clinic activities.

"HOW CHILDREN DIFFER; working with exceptions." *Childhood Education.* Jan., 1956. 32:5:208-220.

Contents: Seeing differences in perspective, Ralph H. Ojemann.—The physically different, Doris Klaussen.—Intellectual differences, Ruth Strang.—Social differences among children, Evelyn D. Adlerblum.—Emotionally insecure and disturbed children, Darrel J. Mase.

In this same issue, a section "Among the Magazines," p. 250-51, lists references to periodical articles on the inte-

gration of exceptional children with normal children in the regular classroom.

KELLY, ELLEN. "Excuse the pupil or adapt the program?" *J. Health, Phys. Educ., Recreation.* Dec., 1955. 29:6:21-22.

Discusses some of the common reasons for quasi-medical excuses from physical education, ways of eliminating them, justified excuses, outcomes of the adapted program and essentials for its success.

LUCORE, PATRICIA. *Rorschach responses of physically handicapped girls and boys.* 1954. 5 p. typed. The Author, Sterling, Colo.

"Digest of thesis as presented by the author at the Rocky Mt. Branch, Am. Psychological Assn., May, 1954.

The author's findings indicated that the handicapped appeared more emotionally explosive and more easily depressed. Normal subjects gave more significantly popular responses, indicating a lack of thinking conformity in the handicapped.

MAUTNER, HANS. "Drug action on underdeveloped and damaged brains." *Arch. Pediatrics.* Aug., 1955. 72:8: 265-74.

A discussion of the effect of various drugs on children as compared to adults and the damaging effect of particular drugs on brain activity, especially that of the child with underdeveloped brain or damage to the brain.

MEIER, ELIZABETH G. "When your child asks embarrassing questions." *Parents' Mag.* Jan., 1956. 31:1:41, 67-68.

For parents faced with the problem of answering a child's questions when he sees a person who is in some startling way, different from the normal person. This article suggests replies based on an understanding of children as well as consideration of the handicapped person.

MILL, CYRIL R. and TURNER, CHARLES J. "The measurement of primary mental abilities by the Columbia Mental Maturity Scale." *J. Consulting Psych.* Dec., 1955. 19:6:472.

This study, while not sufficiently valid at present for clinical use, with further refinement could fill a real need for a quick IQ measure for both normal and afflicted children, the authors believe.

NATIONAL LEAGUE FOR NURSING. *Program guide for future nurses clubs.* 1955. 80 p. illus. The League, 2 Park Ave., New York 16. 50¢.

OBERTEUFFER, DELBERT. "A challenge to the professions." *J. School Health.* Jan., 1956. 26:1:3-12.

Health services and physical education have as much effect on the developing personality of the child as academic courses; the school health worker must convince the administrator and teacher that his work is educational, as well as preventive and therapeutic.

SEVER, JOSEPHINE ABBOTT. *Johnny visits his doctor.* 1955. 30 p. illus. Children's Medical Center, 300 Longwood Ave., Boston, Mass. 50¢.

To help parents familiarize children with what to expect on a visit to the doctor's office. It is intended to be read to the small child.

SOUTH CAROLINA SCHOOLS. Oct., 1955. 7:1.

Partial contents: The gifted child in the decade ahead, Paul Witty.—You and the speech or hearing defective child, Norman J. Lambries.—Educating the mentally handicapped child, John Zuidema.

This issue is available from John E. Zuidema, Supervisor, Special Education, South Carolina Department of Education, Columbia, S.C.

STANDING, B. "Music and the physically handicapped child." *Special Schools J.* Dec., 1955. 44:4:25-26.

Adapting a music program to the handicapped's needs and limitations is discussed.

TIPPING, M. "The impressions gained during three weeks school practice at Baginton Fields School. *Special Schools J.* Dec., 1955. 44:4:18-22.

An English student teacher describes the types of handicapped children at a special, day school. Various activities of the school are reported.

U. S. CHILDREN'S BUREAU. *The adolescent in your family.* 1955. 110 p. *(Children's Bur. publ. no. 347—rev. 1955)* U.S. Superintendent of Documents, Washington 25, D.C., at 25¢ a copy.

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Apr. 23-27	Third Annual Institute, Am. Hospital Assn.-Am. Occupational Therapy Assn., Hotel Statler, New York City
Apr. 28	**Iowa State ICEC Meeting, Davenport**
May 1	Deadline for art contest for Handicapped Amateur Artists, sponsored by President's Committee on Employment of the Physically Handicapped
May 1-5	Am. Assn. on Mental Deficiency, Richmond, Va.
May 4-5	**California State ICEC Meeting**
May 10	**ICEC chapter meeting, Prince Arthur House, Toronto**
May 6-12	National Hearing Week
May 17-18	Annual Meeting of the President's Committee on Employment of the Physically Handicapped, Washington, D. C.
June 7-9	American Hearing Society, Washington, D. C.
June 18-22	Alexander Graham Bell Assn., Hotel Statler, Los Angeles
June 18-22	Deans of Women, NEA, San Francisco
June 17-23	World Congress for Physical Therapy, New York City
July 1-6	NEA Annual Convention, Portland, Oregon
July 5-9	International Congress of the Assn. of Workers for Maladjusted Children, Fontainbleau, France
July 9-14	National School Public Relations Assn., NEA, San Francisco

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